THE LIVED EXPERIENCE OF MALE INTIMATE PARTNERS OF FEMALE RAPE VICTIMS IN CAPE TOWN, SOUTH AFRICA

by

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DECLARATION

I, Evalina van Wijk, hereby declare that “The lived experience of male intimate partners of female rape victims in Cape Town, South Africa” is a product of my own original work unless otherwise stated and that all sources that I have used or quoted have been indicated and acknowledged by means of complete and accurate referencing. I also declare that this research has not been submitted to any other university.

Signature: _____ Date: _____

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ABSTRACT

In the Republic of South Africa, and indeed elsewhere, most research on sexual assault issues reflects a focus on female rape victims. The effects of rape on individuals close to the primary victims, particularly the intimate partners, are not clear. The lack of knowledge and understanding in this area provided the impetus for the study.

The primary purpose of the study was to explore, analyse and interpret the lived experiences of male intimate partners of female rape victims and the meaning of such experiences within six months of the rape. A secondary purpose was to formulate a framework grounded in the data gathered from the intimate partners to understand and conceptualise their experiences. The research question that guided the study was the following: What are the lived experiences of intimate partners of female rape victims during the six months following the rape?

Selection of study participants involved purposeful sampling. After providing informed consent, nine intimate partners of female rape victims living in Cape Town, South Africa, participated in four separate face-to-face, semi-structured interviews: (a) within 14 days of, (b) a month after, (c) three months after and (d) six months after the rape.

The hermeneutic-phenomenological approach of Paul Ricoeur formed the framework for the analysis and interpretation of the findings to ensure congruence between the present study's philosophical underpinnings and the research method. Colaizzi's procedural steps and the within-case and across-case approach, as suggested by Ayres, Kavanaugh and Knafl (2003:873), functioned to supplement Ricoeur's method (Speziale & Carpenter, 2003:58-64).

Data analysis indicated two broad life-worlds of intimate partners: (a) being-in-the-world as a secondary victim of rape and (b) living in multiple worlds—the

worlds of their female partners, family, friends, society, employers or colleagues professionals and the justice system respectively. Understanding and discussing the findings involved incorporating the identified categories, sub-themes and themes into an integrated conceptual framework.

This study illustrates that the rape of a female victim undoubtedly affects her male intimate partner, both physically and mentally. Male intimate partners suffer far-reaching effects at the functional and relationship level. Progress towards recovery is halting and inconsistent, even for the cohort of nine participants who gained the unintended therapeutic benefit of interaction with the researcher during the in-depth interviews. The effect of rape on the multitude of intimate partners who have no prospect of therapeutic interaction seems beyond comprehension.

At present, as far as could be ascertained, structured access to medical services and counselling programmes for the intimate partners of rape victims does not exist anywhere in South Africa; the focus is solely on female rape victims. The integrated conceptual framework formulated from the findings of this study could contribute to the body of nursing knowledge concerning sexual violence. Particularly, the framework could stimulate policy change to extend interventions and support programmes at rape-care centres to intimate partners. Implications of the study findings and recommendations for future researchers, health policymakers, police personnel, health-care providers and nursing educators conclude the study.

> For us, coping with crises is like healing from illnesses. Something critical happens to us, and if we cope with crises, our lives get better. Whether or not we emerge from the crisis healthier or sicker depends on our ability to cope or heal. If we don't cope, our lives are likely to get worse (Watson, 2003:1).

DEDICATION

I dedicate this study to my father, the late Barrie Badenhorst (died 23 December 1993) and Jan Viljoen (died 13 August 2005), a close friend who taught me to concentrate on the positives in life and to use the talents God gave me. As valued role models, they inspired me always to do my best, which helped me to develop intellectually and personally from my teenage years into my adult life.

I further dedicate the study to all intimate partners who suffer the hurt of someone they love being raped. In particular, I dedicate this study to the nine brave male intimate partners who willingly and openly shared their stories with me.

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TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS AND ACRONYMS

	Full form
AIDS	Acquired immunodeficiency syndrome
DRC	Democratic Republic of the Congo
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders Text Revision
HIV	Human immunodeficiency virus
HREC	Human Research Ethics Committee
Part.	Participant
PTSD	Post-traumatic stress disorder
TRCC	Thuthuzela Rape Care Centre
UCT	University of Cape Town

DEFINITION OF TERMS

Definitions for operational terms applicable to the study appear below to avoid ambiguity:

Adjustment: In this study, adjustment refers to the attempts that the intimate partners made to resolve their crises (Baumann, 1998:407).

Adjustment difficulties: In the context of this study, adjustment difficulties relate to the significant emotional and behavioural symptoms the intimate partners developed in response to the rape of their partners because their attempts to resolve the crisis were unsuccessful (Baumann, 1998:407).

Crisis: In this study, crisis is the intimate partner's state of distress precipitated by the rape of his partner (Baumann, 1998:407).

Intimate partner: In the context of the study, an intimate partner is a male who is in a sexual relationship with a female rape victim prior to and for six months after the rape.

Lived experience: In this study, lived experience refers to the intimate partner's perceptions, experiences and understanding of the meaning of being an intimate partner of a female rape victim during the six months following the rape.

Marijuana: Marijuana is a common street drug derived from the marijuana plant.

Mental-health nursing: In this study, mental-health nursing relates to an inter-personal therapeutic process that involves holistically caring for people experiencing mental distress (Rawlins, Williams & Beck, 1993:8).

Post-traumatic stress disorder (PTSD):

A: The person has been exposed to a traumatic experience in which both of the following factors were evident:

- He or she experienced, witnessed or faced an event that involved a threat to the physical integrity of self and others (i.e., the participants' female partners).
- He or she responded with intense fear, helplessness or horror.

B: The person persistently re-experiences the traumatic event in one or more ways (Robertson, Allwood & Gagiano, 2007:147).

Psychiatric trauma: Psychiatric trauma is an experience that is emotionally painful, distressing or shocking that may result in long-lasting mental and physical effects (*The Webster's New World Medical Dictionary*, 2010:1).The term relates to this study because the male intimate partners have experienced trauma and suffered in both direct and indirect ways because of the rape of their female partners.

Rape: The South African Law Commission (1999:V) defined rape as a man having unlawful, intentional sexual intercourse with a woman without her consent.

Rape victim: In the context of this study, a rape victim is a woman who was raped and who was involved in an intimate relationship with a male partner at the time of the rape.

Re-organisation: In this study, re-organisation refers to the manner in which the intimate partners organised their own lives and relationships with others.

Secondary victim of rape: In the context of the study, the secondary victim of rape is the husband or boyfriend of the female primary rape victim.

Tik: Tik is a psychoactive stimulant, also called methamphetamine.

Key words: *Male intimate partner*, *female rape victim*, *secondary victim*, *rape*, *lived experiences*, *longitudinal*, *phenomenology*, *crisis*, *post-traumatic stress*, *mental-health nursing*.

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 Introduction

Sexual assault is a horrific, traumatic and devastating challenge for a female rape victim and her intimate partner, irrespective of whether the intimate partner witnessed or was informed of the incident (O'Sullivan, 2003:15; Remer, 2001:1; Van den Berg & Pretorius, 1999:96). The toll the rape takes on the intimate partner of the female rape victim compounds the tragedy of the rape, and for both partners, the event is a crisis. Both must cope with the event immediately and for a long period after the incident (Holmstrom & Burgess, 1979:326; Silverman, 1978:168).

Despite scientific evidence on the effect of rape on the intimate partner of a female rape victim, limited evidence is available on how to meet the needs of the intimate partner (Smith, 2005:151). Duma (2006:27) reported that the positive influence of the intimate partner in a woman's journey of recovery plays a significant role. However, the question of how the intimate partner deals with the experience of the rape of his partner and her healing remains unanswered.

1.2 Background of the Study

Intimate partners of female rape victims, often called secondary victims, experience their own series of emotional and behavioural responses, including feelings related to the trauma and powerlessness of the victim or survivor. Intimate partners are at risk of trauma-related emotional and psychological symptoms and disorders, such as social isolation, depression and blaming the victim (Ahrens & Campbell, 2000:959; Campbell & Wasco, 2005:127; Connop & Petrak, 2004:32; Cwik, 1996:96; Daane, 2005:113; Davis & Brickman, 1996:250; Davis, Taylor & Bench, 1995:73-74; Feinauer, 1982:38; Morrison, Quadara & Boyd, 2007:2; Neame & Heenan, 2003:1; Remer & Ferguson, 1995:407; Smith, 2005:151; White & Rollins, 1981:103-108). Yet, a literature review showed that academics and health-care authorities continue to focus mainly on the primary

rape victim, which results in most of the literature reflecting the perspective of the rape victim, with less information available on the effects of rape on individuals close to the primary rape victim, particularly her intimate partner.

South African researchers Van den Berg and Pretorius (1999:97) recommended no longer excluding the intimate partner from the ambit of sexual assault research; not exploring the phenomenon in depth could result in the problem remaining invisible and intimate partners continuously suffering as secondary victims without access to relevant healthcare. The lived experience of intimate partners of female rape victims is a seriously under-researched area globally but especially in the Republic of South Africa, where the incidence of rape is high. Understanding the scope of sexual assault in the country is pertinent to comprehending how the rape of women within the South African context may affect their partners.

1.3 Magnitude of Rape in South Africa

South Africans recognise sexual violence as a legitimate public health and social problem (Meel, 2005:1). About 55 000 cases are reported annually out of a population of around 48 million. The rape ratio per 100 000 of the population is approximately 50. Most rapes occur at the victims' homes, and in 90% of the cases, the victims know their offenders (Meel, 2005:2). The high rape statistics have been blamed on the "violence, repression, poverty and psychological degradations of the white supremacist, apartheid regime that ended 15 years ago" (Jacobson, 2009:1-2). Due to gross under-reporting, rape statistics are inaccurate and do not reflect the extent of sexual assault experienced by women in South Africa.

Although South Africa is not one of the countries in which citizens use rape as a weapon of war, the country is host to a substantial number of foreign nationals from other African countries (Clifford, 2008:1). While the majority are economic refugees, others have fled conflict in their own countries. The foreign nationals experienced violence, including rape, in South Africa as part of growing

xenophobic intolerance. Isolated violent incidents against foreigners have occurred since democracy emerged in South Africa in 1994, though large-scale eruptions were evident in 2008 (Kapp, 2008:1986).

1.3.1 Rape as a public health problem

Wodi (2005:86); Meel (2005:1); Eaton, Flishera and Aarob (2003:1) and Jewkes, Vundule, Maforah, and Jordaan (2001:733) have described the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic and sexual assault as two of the most serious public health problems in Sub-Saharan Africa. Over 4 million people in South Africa are infected with HIV, and 1500 new infections occur every day (Usdin et al., 2000:1). Researchers on sexuality in South Africa are increasingly exploring how attitudes toward sex and gender result in greater HIV infection risk (Jewkes, Levin & Penn-Kekana, 2003:125). Widespread rape, however, probably does not directly increase HIV prevalence at the population level (Jackson, 2008:1).

1.3.2 Rape as a social problem

According to Mio and Foster (1991:147), the impact of rape on intimate partners of female rape victims is a pervasive problem worldwide. A lack of support for and understanding of an intimate partner's struggles contributes to his inability to address problems on his own. The situation can escalate into severe long-term social, mental-health and physical problems (Conner, 2006:1; Jones, Schultz & van Wijk, 2001:137; Smith, 2005:159).

Rudd (2003:2) stated that the South African government, through its social welfare system, is doing all it can to minimise the impact of rape in South Africa, but due to the large number of rapes occurring daily, not all the victims and their families are receiving the support necessary to maintain normal social functioning. The rape treatment protocol of South Africa indicates guidelines on support for the rape victim but excludes the intimate partner. Intimate partners must cope with the aftermath of the rape on their own. Health and nursing professionals should plan and implement holistic health care to improve the situation (Van den Berg & Pretorius, 1999:97).

1.4 Problem Statement

Since 2000, the care and support for victims of sexual assault have improved dramatically in South Africa. Ten Thuthuzela Rape Care Centres (TRCCs) have emerged and operate according to an integrated approach to rape care for children and women who are victims of sexual violence (Majokweni, 2006:2). An increase in research is apparent on rape as a phenomenon, its impact on female rape victims and the needs of rape victims as well as health services (Duma, 2006:278; Jewkes, Levin & Penn-Kekana, 2003:126; Jewkes et al., 2001:733). As a psychiatric nurse, the researcher observed that in Cape Town, South Africa, the availability of support for intimate partners of rape victims appears to be largely lacking in comparison to the support offered to the rape victim. Most of the health professionals at various rape centres in Cape Town indicated that integrated support services for rape victims and their intimate partners are selective due to the shortage of health-care personnel and inadequate resources. A main reason for selective services was that the rape treatment protocols only illustrate guidelines on support for the primary victim of rape (D Andrews, personal communication, 14/02/2007; R Chuunga, personal communication, 02/03/2007; E Williams, personal communication, 24/03/2007). Similarly, the social and justice systems fail to provide the necessary emotional support to the intimate partner during court proceedings (Schreiner, 2004:82).

Little or no support is evident for the intimate partner of a female rape victim. An intimate partner of a female rape victim that the researcher nursed in 2004 while completing advanced mental-health nursing practicals at a local police station and rape centre confirmed the lack of support by asking in a distressed state, “What about me? Nobody cares about me”. Research on the male intimate partner of the female rape victim and support to address his needs after the event has been lagging. The lack of understanding and knowledge is a restriction for service providers and a challenge to researchers who should provide a scientific basis for intervention strategies to combat the effect of sexual assault on intimate partners of rape victims. Exploring the lived experiences of intimate partners of female rape victims in Cape Town, South Africa, became imperative to develop a conceptual framework according to which stakeholders can better understand the

phenomenon of interest. Such a framework could provide a scientific basis for the development of nursing care and support to address the needs of male intimate partners and their female partners holistically as a couple post-rape.

1.5 Rationale for the Study

Van den Berg and Pretorius (1999:97), Rudd (2003:79), O'Sullivan (2003:98) and Duma (2006:55) demonstrated that rape not only affects the primary victims but also their intimate partners. Campbell and Wasco (2005:128) noted that most researchers continue to ignore and exclude the intimate partner of a rape victim from their research efforts. The questions of how the sexual assault might affect the intimate partner, of how the intimate partner copes with his or her own emotions and thoughts and of how the intimate partner's experiences may affect his or her relationship with the primary victim and others often remain unexplored. Although these authors allude that emotional support of friends and the intimate partner is an important aspect of the recovery process of a female rape victim, yet study of the phenomenon is lacking in South Africa. Furthermore, only a few researchers have explored the phenomenon of interest over time (Veronen, Saunders & Resnick,1989:86 and Orzek 1983:144).

The majority of studies on the intimate partners of rape victims originate abroad, in contrast to fewer than five studies in the South African context. The researcher suspected that intimate partners in South Africa experience certain effects after the rape of their partners, like their counterparts abroad. The opportunity arose for the researcher to examine the question scientifically as an academic endeavour. The study provided a sample of intimate partners in Cape Town, South Africa, the opportunity to relate their lived experiences after the rape of their partners, the meaning they attach to such experiences and how they address the experiences within the first six months of the rape. The participants' contributions may illuminate a largely unexplored area of sexual violence in South Africa. As Krasner (2001:72) stated, "Stories illuminate meaning, meaning stimulates interpretation and interpretation can change outcome".

1.6 Anticipated Value

As far as could be ascertained, the study was the first in South Africa to involve exploring the phenomena from a nursing viewpoint and the first to involve following the participating intimate partners over an extended period. The hope was that the study would aid in identifying intimate partners' needs, as a group, and make a distinctive contribution to the understanding of such needs. The researcher systematised the information gathered into a framework to guide future development of improved care and support of intimate partners. The framework may enhance both the primary rape victim and her intimate partner's journey of healing from the trauma they have experienced.

1.7 Purpose of the Study

A need for deeper understanding of the meaning of being an intimate partner of a female rape victim during the six months following the rape incident was apparent. Based on the research problem and the research question, the primary purpose of the study was to explore, analyse and interpret the lived experiences of male intimate partners of female rape victims and the meaning of such experiences within six months of the rape. A secondary purpose was to develop a framework grounded in the data gathered from the intimate partners to understand and conceptualise the impact of rape on the intimate partners of female rape victims.

1.8 Objectives of the Study

The study objectives were the following:

1. Investigate and analyse the lived experiences of intimate partners of female rape victims over six months following the rape incident
2. Interpret and give meaning to the lived experiences to improve understanding of what being an intimate partner of a female rape victim is like during the six months following the rape incident
3. Describe the lived experiences of intimate partners of female rape victims through the development of a conceptual framework

4. Make recommendations to policymakers and health-care professionals (e.g., mental-health nurses) based on interpretation of the findings

1.9 Research Question

The research question that guided the study was the following: What are the lived experiences of intimate partners of female rape victims during the first six months following the rape?

1.10 Research Design

The focus of the study was the meaning the participants attached to their lived experiences from their own account (Van Manen, 1990:63). The research approach selected was a longitudinal, explorative qualitative method within an interpretive framework to provide congruence between this study's philosophical and theoretical underpinnings. Further discussion of the research design and processes is evident in Chapter 4.

1.11 Ethical Considerations

In 2007, the University of Cape Town (UCT) Human Research Ethics Committee (HREC) granted the researcher permission to conduct the study (see Appendix A). Permission to use the TRCC in Cape Town as a recruitment site was then obtained from the centre's management (see Appendix B). The researcher diligently applied the ethical guidelines evident in the Declaration of Helsinki and the three ethical principles of autonomy, beneficence and justice of medical research (Brink, Van der Walt & Van Rensburg, 2007:20). Chapter 4 includes a detailed discussion of these principles.

1.12 Data Analysis

The hermeneutic-phenomenological approach (interpretive theory) of Paul Ricoeur aided in guiding the data analysis and interpretation of the lived experiences of male intimate partners of female rape victims during the first six

months post-rape to provide congruence between the study's philosophical underpinnings and the research method. Colaizzi's guidelines and the within-case and across-case approach, as suggested by Ayres, Kavanaugh and Knafl (2003:873), functioned to supplement Ricoeur's method (Speziale & Carpenter, 2003:58-64).

The phases of analysis included (a) analysis of all individual transcripts, (b) integration of all participants' transcripts to identify commonalities and list main themes that symbolise the participants' experiences as a whole and (c) interpretation of the meaning of participants' lived experiences. Chapter 5 includes a detailed data analysis discussion.

1.13 Scientific Rigour

Rigour in the study was apparent through credibility, conformability, dependability and transferability, as described by De Vos, Strydom, Fouche and Delport (2005:346); Ulin, Robinson and Tolley (2005:26); Polit and Beck (2004:434) and Speziale and Carpenter (2003:37-39). Chapter 5 includes an in-depth explanation of these concepts.

1.14 Use of Different Voices in the Study

The chapters of this research report include use of both first and third person voices. Such use of voice aided in pointing out the different aspects or perspectives of the research and the researcher and enhancing understanding of the diverse ideas and interpretations raised by the voice in use. Duma (2006:22) proposed similar use of voices for the same purpose.

1.15 Outline of the Study

The research report reflects the following organisation and content:

Chapter 1: The chapter illustrates the study's background, research problem, purpose, research question, objectives, research design, methods of data analysis, anticipated value and use of different voices.

Chapter 2: The chapter includes details on the functions and rationale of conducting a literature review prior to the study.

Chapter 3: The chapter reflects the theoretical framework of the study to include the philosophical and theoretical underpinnings, the research paradigm, the researcher's personal and professional knowledge and the assumptions that influenced the methodology of the study.

Chapter 4: The chapter includes discussion of the methodology, research design, Ricoeur's theory of interpretation, research processes and procedures used during data collection, pilot and main study, limitations and ethical considerations.

Chapter 5: The chapter reflects an explanation of data analysis and scientific rigour achievement processes.

Chapter 6: The chapter includes descriptions of the participants and the interpretation process.

Chapter 7: The chapter relates to the development of the integrated conceptual framework to conceptualise and discuss findings.

Chapter 8: The chapter illustrates the strengths, limitations, conclusions and recommendations of the study.

1.16 Conclusion

Chapter 1 included a summary of the background, purpose, problem statement, research design and methodology of the study. Chapter 2 reflects the functions and rationale of conducting a literature review prior to the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Chapter 2 addresses the scope of a literature review and the debates pertaining to the use of literature reviews in qualitative research. Finally, the chapter indicates the functions and purposes of a literature review as applied to this study.

2.2 Scope of the Literature Review

Although previous research shows that both males and females experience rape, male and child rape victims were excluded from this literature review because the focus of the study was on the partners of female primary victims. The Nexus database of the National Research Foundation included one thesis relating to the research question. Apart from including internet-based search engines and databases (Google Scholar, PubMed, etc.), the literature review involved identifying sources from the list of references in the journal articles and books selected for review.

Only research reports, written in English, published between 1970 and 2009 were reviewed. The motivation for choosing a period as early as the 1970s was the outstanding initial work published on the phenomenon. The literature search involved reviewing both primary and secondary sources; the primary source research reports were more useful because they included overviews of the subject and complete details of the relevant studies. The secondary source research reports, such as literature reviews, provided less detail about the actual studies on the phenomenon of interest, and as noted by Polit and Beck (2004:89) such articles are seldom completely objective because they are "filtered by the authors' own biases and values".

A further endeavour to source local research included approaching the following non-governmental organisations by e-mail and telephone: Rape Crisis in Cape

Town, Speak Out, the Mental-Health Information Centre, RAPCAN, LifeLine, Cape Mental Health, Saartjie Baartman Centre, the rape centres at Karl Bremer and G.F. Jooste Hospitals and the Medical Research Council. The organisations did not yield any positive results. For instance, Ms. N. Hendriks of Rape Crisis (personal communication, 03/04/2007) and Dr. N. Abrahams of the South African Medical Research Council's Gender and Health Research Unit (personal communication, 05/05/2007) indicated that although they were aware of the negative effects of rape on intimate partners, as related by female rape victims, local research on the intimate partner was lacking. The dearth of local research largely limited the scope of the literature review to internationally and nationally published research dating back to 1970. Unpublished sources which included masters' or doctoral theses listed on the Nexus database or university websites mostly focus on the primary rape victim. The result was that little scientific evidence was found which could shed more light on the lived experiences of the intimate partners of female rape victims and how the event affected them over a period of time.

2.3 Debates on the Use of Literature Reviews in Qualitative Research

Researchers present diverse and occasionally conflicting views on the use of literature reviews in qualitative research. Some believe that researchers should conduct a literature review before data collection to familiarise themselves with the practical and theoretical ideas related to their area of research interest and to compare their findings with those of previous researchers (Polit & Beck, 2004:88 Rapple, 2005:8; Rowley & Slack, 2004:31). An opposing view is that researchers should conduct a thorough literature review at the end, instead of at the beginning, of a study (De Vos et al., 2005:100; Donnelly & Wiechula, 2006:1116). According to Polit and Beck (2004:67), authors of the latter view are concerned that the knowledge of prior studies might influence researchers' conceptualisation of the phenomena under study and recommend that researchers elucidate the phenomena based on participants' viewpoints rather than on prior information. Speziale and Carpenter (2003:70) believed that researchers should postpone a

literature review in a phenomenological study, and in grounded theory research, until after or during data analysis to permit a pure description of the phenomenon under investigation.

This researcher strongly supported the approach of Polit & Beck, (2004:88) that a literary review was important before conducting the study. Conducting a preliminary literature review assisted the researcher in developing a research proposal to persuade two funding bodies that the main study would be feasible and worth supporting and funding. Furthermore, a thorough literature review pertaining to existing theories and knowledge about the research phenomenon was performed during and after data analysis and during the writing phase. The purpose was to discuss, support or question the findings of the study and to broaden the researcher's understanding of intimate partners' lived experiences as the secondary victims of rape. Discussions of the literature appear in the relevant chapters. A literature review was indispensable in laying the foundation for the study.

2.4 Functions of the Literature Review

A literature review is valuable and has many functions. Literature reviews help to lay the foundation for a study in both qualitative and quantitative research (Polit & Beck, 2004:88). Rapple (2005:8), Polit and Beck (2004:56) and Rowley and Slack (2004:31) noted that the functions of the literature review depend on its application in particular research paradigms. A literature review was necessary for this study to fulfil the five functions discussed next.

2.4.1 Forms the foundation for research ideas

According to Polit and Beck (2004:76), a frank literature review assists in the identification of unresolved research problems and the formulation of appropriate research questions and ideas. This researcher has personal and professional experience in the area of the research phenomenon as a lecturer in psychiatric nursing and a voluntary trauma counsellor, but the literature review aided in familiarising this researcher with relevant practical and theoretical issues. For

instance, the literature review resulted in identification of a South African study by Van den Berg and Pretorius (1999:92), who investigated the impact of stranger rape on the significant other, as a useful foundation for research ideas for this study.

Although Van den Berg and Pretorius (1999:92) did not examine the phenomena directly from the perspective of the intimate partner, their findings showed that both the rape victim and her intimate partner displayed cognitive, behavioural and affective reactions attributable to the rape incident. The literature review was most useful in the shaping of the research ideas for the current study because the study appeared to be the first in South Africa to involve investigating the needs of the significant other as an indirect victim of rape. Though too broad, Van den Berg and Pretorius's study drew attention to the plight of intimate partners, or significant others, as victims of rape. Van den Berg and Pretorius's work enabled this researcher to narrow the research focus to an examination of the lived experiences of intimate partners of female rape victims, and the meaning of the experiences, during the six months following the rape.

2.4.2 Orients readers to the knowledge, or lack thereof, on an area under investigation

Polit and Beck (2004:88) noted that another function of a literature review is to familiarise readers with what is known, or not known, about an area of investigation. The literature review illustrated useful information on what international researchers already know about the lived experiences of rape victims and their families. One such report was that of Miller, Williams and Bernstein (1982:51-58) who conducted a study with 43 spouses of rape victims to understand the interactions between rape victims and their families and friends during the adjustment phase of recovery from rape victim to survivor. Of the respondents, 60% displayed signs of maladjustment, such as social withdrawal and isolation, after the rape incident as a form of self-protection. The researcher wanted to explore the phenomenon further in the South African context.

A Danish study conducted by Haansbaek (2006b:39-45) showed the psychological reactions of intimate partners of women who had been sexually assaulted and the consequences thereof on the sexual relationship. Haansbaek employed semi-structured interviews with 10 men and identified the common themes of fear, guilt, anger and difficulty focusing on daily life after the rape. The participants revealed disturbance for some time in their sexual relationships. Haansbaek emphasised the importance of psychological help and support for intimate partners.

Further literature reviewed highlighted the secondary trauma or "ripple effects of rape" experienced by the primary rape victim's significant others, including intimate partners, friends and family members (Conner, 2007:2; Morrison, Quadara & Boyd, 2007:7; Remer, 2001:1). The role of secondary victims in the recovery process of the primary victim is important. Secondary victims must have professional support to understand the symptoms and effect of trauma and to facilitate the recovery of the primary victim (Ahrens & Campbell, 2000:959; Campbell & Wasco, 2005:127; Cwik, 1996:96; Daane, 2005:113; Davis & Brickman, 1996:250; Davis, Taylor & Bench, 1995:73; Duma, 2006:278; Feinauer, 1982:38; Morrison, Quadara & Boyd, 2007:7; Neame & Heenan, 2003:1; Remer, 2001:2; Remer & Ferguson, 1995:407; Silverman, 1978:168; White & Rollins, 1981:103-108). Schiraldi (2000:11) reported that lack of professional support for the secondary victim can impair the individual's daily, occupational and social functioning, which can result in absenteeism, fatigue, impaired communication, poor concentration and relationship dysfunction. Such effects further confirmed the need for the current study. Of all the literature reviewed prior to the study, the most significant recommendation came from Van den Berg and Pretorius (1999:97) who noted that researchers should no longer exclude the intimate partner from the ambit of sexual assault research. The recommendation not only confirmed the convictions of this researcher to conduct the current study but also substantiated the need to carry out a literature review prior to the study.

Another facet of a literature review is that previous research could lead to the identification of assumptions pertaining to certain aspects of the phenomena under study. Polit and Beck (2004:711) defined an assumption as a basic principle accepted as being true based on logic or reason but without proof or verification. During the preliminary literature review for this study, certain assumptions regarding intimate partners of female rape victims were evident. One such assumption is that recognition of secondary victims of rape frequently occurs not because they are traumatised but because the primary victim needs their attention in her healing process (Morrison, Quadara & Boyd, 2007:2; Remer, 2008:1).

Van den Berg and Pretorius (1999:94) cited a 1982 study conducted by Miller, Williams and Bernstein who reported that a family unit exposed to trauma and crisis moves through the following phases: a stress phase, a disorganisational phase, a recuperation phase and a re-organisation phase. The assumption was that while similarities exist in rape victims and their partners' coping strategies, individuals do not move through the phases at the same tempo or in the same manner. Whether the assumption would hold true in the South African context was unknown.

2.4.3 Forms the foundation for recommendations

Another function of the literature review is to provide researchers with recommendations for future research in the field of study (Polit & Beck, 2004:88). The recommendations apparent in both local and international literature contributed toward the decision to conduct the current study. For instance, Duma (2006:271), in studying women's journey of recovery from sexual assault trauma, emphasised the necessity for research on the needs of partners, immediate family members or significant others of raped women as secondary victims. Rudd (2003:74) recommended that groups be available to support family members of rape victims. In such groups (e.g., rape survivor groups), people who share similar experiences can discuss their problems. However, Remer (2001:26) proposed that due to the complex nature of secondary survivor healing, such

individuals require professional support to equip them with the skills and information needed to deal with the situation.

Holmstrom and Burgess (1979:324) conducted a study on husbands' and boyfriends' initial reactions toward the rape of their partners. Holmstrom and Burgess recommended that significant others of rape victims receive professional support and a forum in which to ventilate their feelings. Overall, adoption of recommendations considered important occurred to develop the research proposal for the current study.

2.4.4 Indicates a suitable research design and data collection method for the study

Conducting the literature review prior to the study assists the researcher in choosing the most suitable research design and data collection method (Polit & Beck, 2004:88). Four studies influenced the selection of a longitudinal study as the design and interviews as the appropriate data collection method for the current study. Holmstrom and Burgess (1979:326) conducted a longitudinal study, with a qualitative component, by interviewing and re-interviewing 81 adult rape victims four to six years later and analysed the effects of the rape on subsequent sexual functioning. Duma (2006:26) also used a longitudinal qualitative research design to investigate women's experiences of the journey of recovery from sexual assault trauma during the six months following the rape incident.

Orzek (1983:143) employed a longitudinal qualitative research design to examine the effect of rape on victims and their partners during the first stage (within 24-48 hours of the rape), the second stage (when the victim believed she was ready to face the practical problems of everyday life) and the last stage (when the victim was prepared to discuss the rape). Veronen, Saunders and Resnick (1989:86) conducted a similar study with 34 romantic partners of rape victims and 36 control participants. Assessments occurred two to six weeks, three to six months and nine to 12 months after the rape. All four of the described studies convinced

this researcher to select a longitudinal approach to explore the lived experiences of intimate partners of female rape victims.

Conducting the literature review further highlighted the importance of ethically sound methods of locating, accessing, recruiting and interviewing participants for sexual assault research. Aitken, Gallagher and Madronio (2003:338) reported that recruitment of participants often represents the most important component of the workload in a research project. The authors pointed out that some attrition of research participants is inevitable and recommended the following principles to guide the recruitment process: select an appropriate population, establish a sampling process to represent the population, create systematic and effective recruitment mechanisms and maintain ethics and privacy. The recommendations formed a useful guide for this researcher in planning the recruitment strategy of this study. Connop and Petrak (2004:29) reported that recruitment of male intimate partners of rape victims was a complex task. The account prepared this researcher for the challenges ahead of conducting the study. Discussion of the challenges appears in Chapter 4.

The literature review indicated additional ethical and practical challenges in the field of gender-based violence related to the vulnerability of the participants. Such challenges include the possibility of emotional trauma for both the participants and the researcher due to the sensitive nature of the field (Cottingham & Jansen, 2005:1; Duma, 2006:53; Sullivan & Cain, 2004:603). The researcher sourced the services of a psychologist to prepare for such possibilities.

The literature review revealed the importance of conducting pilot studies in qualitative research and in sexual violence research in particular. The recommendations of Kilanowski (2006:253); Van Teijlingen and Hundley (2001:2, 2002:33) and De Vos et al. (2005:331) provided valuable insight into the importance of conducting a pilot study prior to the main study. Conducting a pilot study allows researchers to filter out possible problems in the study's design.

In their article about managing ethical issues in sexual violence research, Duma, Khanyile and Daniels (2009:52) cited Ellsberg and Heise (2005). Ellsberg and Heise reported that conducting sexual violence research presents multi-faceted ethical and practical challenges in addition to those caused by general research, such as confidentiality aspects, informed consent and respect for autonomy and protection of vulnerable participants. Conducting pilot studies prior to the main study may aid in addressing the problems. The literature review influenced this researcher to conduct a pilot study (see Chapter 4 for a detailed description of the pilot study).

Duma (2006:108), in studying women's journey of recovery after rape, found that some of the research questions and recruitment strategies apparent in international literature had never been used in the South African context in sexual violence research. Duma decided to conduct a pilot study prior to the main study to safeguard potential participants in the main study in terms of possible violation of their ethical and human rights during the recruitment phase. The pilot study added value and enhanced the credibility of the final work. Heeding the warning of Duma, this researcher chose to conduct a pilot study to protect the intimate partners of rape victims as vulnerable participants.

Another important lesson that emerged through conducting the literature review prior to the study was the need to compensate the participants. Sullivan and Cain (2004:615) proposed that researchers in the area of sexual violence should compensate participants for the time and effort expended in attending interviews. The advice allowed this researcher to establish an appropriate budget prior to the study. Participants received compensation for their time and travelling expenses.

2.4.5 Provides the theoretical framework

A further function of the literature review is to provide the researcher with a theoretical framework (Polit & Beck, 2004:88). The literature review conducted during and after data analysis and during the writing phase indicated a number of theories and models pertinent to understanding the complex phenomena around

traumatic experiences. Such theories and models included the victim perception-experience model (Janoff-Bulman & Frieze, 1983:3), the Stuart stress adaptation model of psychiatric nursing care (Stuart & Laraia, 1998:66), the general systems theory of Talcot Parsons (Karoui, 2010:1; Rawlins, Williams & Beck, 1993:63) and the cognitive model to explain post-traumatic stress (Simmons & Granvold, 2005:290). Detailed discussion of the theories and models appears in the relevant chapters in relation to the findings of the study.

2.5 Conclusion

Conducting a preliminary literature review prior to the study was necessary to obtain background knowledge about the phenomenon under study. Maggs-Rapport (2000:221) stated that phenomenological investigators' initial understanding of the phenomenon does not have to be highly developed but that they must have some knowledge about the area of inquiry. The gap identified in both the international and local literature, along with fulfilling other functions, helped the researcher identify methodological shortcomings in previous studies. Such an understanding assisted the researcher avoid such deficiencies in the current study and provided the researcher with the ability to understand the knowledge, or lack thereof, within the area under investigation. Furthermore, an extensive literature review was necessary throughout the study, particularly during and after data analysis as well as during the writing phase. Chapter 3 will include an explanation of the theoretical framework of the study.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 Introduction

Chapter 3 includes a discussion of the philosophical and theoretical underpinnings, the research paradigm, the researcher's personal and professional knowledge and the assumptions that influenced the choice of methodology for the study. The primary purpose of the study was to explore, analyse and interpret the lived experiences of male intimate partners of female rape victims and the meaning of such experiences during the six months that followed the rape. A secondary purpose was to formulate a framework grounded in the data gathered from the male intimate partners to understand and conceptualise their experiences. The research question that guided the study was the following: What are the lived experiences of intimate partners of female rape victims during the six months following the rape? Chapter 3 reflects use of the third-person voice.

3.2 Paradigm of Inquiry

De Vos et al. (2005:39) and Polit and Beck (2004:726) referred to a paradigm as a "basic set of beliefs" or a "way of looking at natural phenomena that encompasses a set of philosophical assumptions, which guides one's approach to inquiry", respectively. Kuhn (1970) described a paradigm as the entire constellation of beliefs, values and techniques shared by qualitative or quantitative researchers who regard a paradigm as a theoretical framework that provides them with sets of principles and rules for conducting research (as cited in Duma, 2006:24). Because the primary interest of the study was in the quality of information possible to obtain from the participants, a longitudinal qualitative research approach was appropriate. The approach situated the study within a naturalistic and interpretive research paradigm.

A naturalistic paradigm indicates the existence of multiple interpretations of reality and illustrates the goal of research as being to understand how individuals

construct their reality within their context (Polit & Beck, 2004:15, 724). A naturalistic paradigm aids in searching for meaning, which involves analysis of descriptions or discourse that people continuously construct, develop and change in their everyday interpretations of the world (Polit & Beck, 2004:16). In a naturalistic paradigm, the social world has symbolic meaning. The social world is observable, and people interpret and experience the world in human acts, language and interactions with each other and with the wider social system (Broom & van Willis, 2007:1; Ulin et al., 2005:22). Speziale and Carpenter (2003:23-29) added that natural settings are where phenomena occur and where the individual experiences life. In this study, the participants' lived experiences after the rape of their partners were central to the research.

However, Molloy, Woodfield and Bacon (2002:7) warned that qualitative researchers should always ground data collection and analysis in an epistemological position. The manner in which qualitative researchers conduct research depends upon (a) their beliefs about the social world and what can be known about it—ontology, (b) the nature of knowledge and how it can be acquired—epistemology, (c) the purpose and goals of the research and (d) the audience and funders of the research study.

This study reflected use of Ricoeur's (1976) hermeneutic-phenomenological approach (Speziale & Carpenter, 2003:63). The approach illustrates the inter-relationship between epistemology—interpretation—and ontology—interpreter (Ricoeur, 1991a:125). Ricoeur's approach does not require researchers to bracket or put aside their biases or assumptions because such suppositions are embedded and a prerequisite of an interpretive research process (Burns & Grove, 2009:5). Holroyd (2007:12) added that in reality all interpretive researchers should be aware of their experiences and explicitly state the ways in which their position or experiences relate to the issues under study.

3.3 Background of the Researcher

The researcher's background, including working as a voluntary trauma counsellor and presenter of community projects aimed at improving the social circumstances of women and their families in Cape Town, South Africa, may have introduced a number of potential biases during the collection and analysis of data. Burns and Grove (2009:55) expressed that in an interpretive study, researchers should not hide their ontological and epistemological presuppositions; a crucial aspect of interpretive research is that maintaining objectivity by standing outside the study subject is impossible. Bailey (1997:18), Donnelly and Wiechula (2006:1117) and Van Manen (1990:47) confirmed that a set of basic beliefs should guide any process of formal inquiry. Disclosing the researcher's assumptions and biases was imperative.

Assumptions function to answer questions about ontology, epistemology and methodology in a specific research inquiry (Mouton & Marais, 1992:192; Van der Walt, 2004:3). Answers to the questions derived from the paradigm that guided the specific inquiry should relate to the implied meta-theoretical assumptions underlying the research. Chin and Kramer (1999:76) believed that "although these underlying givens are taken to be true and are not intended to be empirically tested for soundness, they can be challenged philosophically". In this study, the researcher's assumptions reflected specific meta-theoretical and methodological categories.

3.3.1 Meta-theoretical assumptions

Meta-theoretical assumptions, which are the basis of an interpretive inquiry, are in line with the phenomenological/interpretive perspective of Ricoeur's (1976) work (Speziale & Carpenter, 2003:63). As a mental-health nurse, the researcher believes that nursing is both an art and a science embodied in knowledge and skills. The researcher's personal philosophy is consistent with Streubert and Carpenter (1999:54), who reported that the value of knowledge in nursing is partly determined by its relevance to, and significance in, understanding the human experience.

From a nursing viewpoint, the researcher believes that the existence of an intimate partner involves internal and external environments that continuously interact. The general systems theory, viewed as a science of “wholeness”, reflects dynamic interaction among components of the system and between the system and the environment, which cannot be understood independent of the system (Rawlins, Williams & Beck, 1993:63). In this study, an intimate couple is a system. All systems strive to maintain balance among the sub-systems to which they belong; affecting one sub-system may have consequences for the other parts of the system. The theory fits with the philosophical underpinning of an interpretive paradigm in that one cannot understand a phenomenon independent of the system to which it belongs.

One of the long-term projects the researcher undertook in Cape Town related closely to the research topic of the current study. The researcher implemented a prevention of violence project in 2005 for the employees of a franchise business. The business expanded the project to other branches of the company. Although the researcher was not actively involved in the project since commencing the current study, the company continued to offer the project to employees. Because people in South Africa come across violence and trauma, including sexual assault trauma, on a daily basis, they need to have the skills and information to ensure healthy family relationships and to cope with daily experiences. The project ensures that employees are aware of the support and referral resources that are available.

Additionally, working as a trauma counsellor for almost seven years, offering support to families and couples, the researcher often encountered female sexual assault victims. While listening to their stories of how the rape affected them and their relationship, the researcher started to assume that the rape may have affected their intimate partners too.

Based on the described experiences, the researcher believed that the aftermath of the rape of female partners might result in disequilibrium for their male intimate partners, which may in turn shake the foundations of their beliefs about safety

and shatter their assumptions of trust. Unresolved disequilibrium may affect the intimate partners' level of functioning. Therefore, the researcher focused on the intimate partners' mental processes that could influence the patterns of interaction between their internal and external environments. While the mental health of intimate partners refers to the state of spiritual, mental, social and physical wholeness, the study did not represent a pure intervention study. However, as an advanced mental-health nurse, the researcher had the knowledge and skills to refer intimate partners who either displayed any form of severe distress or requested help during the study period to a mental health facility.

3.3.2 Ontological assumptions

Mouton and Marais (1996:124) stated that ontological assumptions are the assumptions researchers make about human nature, society, nature of history, status of mental entities, observation, material phenomena, causality and intentionality in human action and behaviour. Because Ricoeur's interpretive approach illustrates the connection between textual interpretation and ontological insights, in this study, the researcher held the following ontological assumptions:

1. Intimate partners' subjective experiences of living with rape victims are real to them and deserve serious attention.
2. Reality is a lived experience and is subjective (Denzin & Lincoln, 1994:109).
3. Realities are dynamic and shaped by political, social, cultural, economic, ethnic and gender values (Speziale & Carpenter, 2003:3).
4. Realities exist in the form of multiple mental constructions, socially and experientially based, local and specific, dependant for their form and content on the persons who hold them (Bailey, 1997:18).
5. Human beings engage in the process of making sense of the world and are continuously interpreting, creating and giving meaning through the language used in description (Hughes, 1990:116-118).
6. Human experience is not closed-off inside the person but is always a world-involvement experience (Valle & King, 1978:54).

The rationale for disclosing the assumptions is that because the participants were living in the world with others, the above-mentioned reality assumptions could influence the meaning they attached to their lived experiences.

3.3.3 Epistemological standpoints

Streubert and Carpenter (1999:330) defined epistemology as the "theory of knowledge" and the branch of philosophy that involves studying the nature, methods, limitations and validity of knowledge and belief. De Vos and Fouche (1998:241) characterised epistemology as the relationship of researchers to reality and the road they will follow in searching for the truth. Benoliel (1985:3) added that the basis of the qualitative perspective on knowledge is the assumption that understanding beings and their social world involves considering the fact that human beings create the social worlds in which they live and that ongoing processes of social existence depend on shared meanings. Creswell (2009:8) and Ramchander (2004:104) argued that the subjective life-world of human beings gives meaning to life experience. In contrast, Merriam (2002:3) believed that the world or reality is not a fixed, single, agreed-upon or measurable phenomenon but that multiple constructions and interpretations of reality are in a state of flux over time.

Ricoeur explained an epistemology of interpretation and noted that textual interpretation is the central aim of hermeneutics (Speziale & Carpenter, 2003:63). Ricoeur's theory links the knower with the known to acknowledge the ontological presence in all knowledge (Geanellos, 2000:113). In the current study, the researcher embraced the following epistemological commitments:

1. The process through which a person creates knowledge shapes but does not completely define the knowledge (Speziale & Carpenter, 2002:3).
2. The discovery of knowledge is the creation of interaction between the researcher and the intimate partners who participated in the study.
3. Interpretations of the lived experiences of intimate partners of rape victims are critical indicators in understanding the meaning of being an intimate

partner of a female rape victim during the six months following the rape incident.

3.3.4 Methodological assumptions

Polit and Hungler (1997:13) stated that methodological assumptions address the manner in which researchers obtain knowledge through the process of inquiry and conduct research within the research paradigm. Mouton and Marais (1996:124) asserted the following:

> Research instruments and methods cannot be separated from a perspective because they function from within a given set of assumptions about the nature of reality, the nature of human beings and the relationship between the two and how they may be known.

Guba and Lincoln (1989:149) referred to the method as the hermeneutic-dialectic process. According to Erlandson, Harris, Skipper, and Allen (1993:133), hermeneutics is interpretive and dialectic and seeks a synthesis based on intuition, feelings and emotions through comparison and contrast of divergent views and constructions. Interpretive understanding is only possible for researchers through an empathic level of comprehension and identification with research participants and through analysis of the language of participants (Finlay, 2005:271).

A hermeneutic-phenomenological approach, as inspired by Ricoeur, formed the basis of the methodological assumptions that guided this study. The central theme of the approach is the lack of pre-defined dependant and independent variables in favour of focus on the full complexity of human sense-making as the situation emerges (Myers, 1997:6). A hermeneutic-phenomenological research method was appropriate to assist the researcher in investigating and understanding the phenomenon of interest through the meanings that the intimate partners assigned to their experiences (Crotty, 1998:79; Jasper, 1994:309; Streubert & Carpenter, 1999:56; Van Manen, 1990:63). Such a holistic approach enables researchers to understand and interpret the meaning that participants give to their everyday lives (Streubert & Carpenter, 1999:56; Van

Manen, 1990:63). In the current study, the researcher held the following methodological assumptions:

1. Interviews are the most appropriate method for interaction to obtain narrative descriptions of participants' experiences of being intimate partners of female rape victims during the six months following the sexual assault.
2. The interaction between the researcher and the participants allows participants' subjective meaning of being intimate partners of female rape victims to emerge.

3.4 Conclusion

Chapter 3 reflected a discussion of the philosophical and theoretical underpinnings, the research paradigm, the researcher's personal and professional knowledge and the assumptions that influenced the choice of methodology for the study. Chapter 4 includes a comprehensive explanation of the study methodology.

CHAPTER 4: METHODOLOGY

4.1 Introduction

Chapter 4 includes a description of the methodology, research design, research processes and ethical considerations required in the study to address the research question: What are the lived experiences of intimate partners of female rape victims during the six months following the rape? The chapter further reflects an introduction to Ricoeur's hermeneutic-phenomenological approach that aided in guiding the processes of data analysis and interpretation of findings. The chapter includes four sections: (a) methodology and research design, (b) research process, (c) progress from the pilot study to the main study and the limitations encountered during recruitment and data collection and (d) ethical considerations. Chapter 4 reflects use of the third-person voice.

4.2 Research Methodology and Design

Burns and Grove (2009:218) stated that the research methodology and design are the processes that direct researchers in preparing and implementing a study in a manner most likely to accomplish the eventual goal. The research process in this study involved a systematic endeavour to examine the lived experiences of intimate partners of female rape victims during the six months following the rape. The aim was to develop a conceptual framework for understanding how the participants interpret their world socially and historically and comprehending the meaning they attached to their lived experiences.

4.2.1 Qualitative research

A qualitative research approach is useful when researchers attempt to understand social processes in context, while examining the subjective nature of human life, with the aim of increasing their understanding thereof (Esterberg, 2002:2; Polit & Beck, 2004:16). Kvale (1996:122) noted that the approach is sensitive to the human situation and involves an empathic dialogue with the

subjects participating in the study. Creswell (2009:155-178) explained that while quantitative researchers use deductive reasoning (moving from the general to the particular), qualitative researchers use inductive reasoning (starting with the detail of the experience and moving toward a more general picture of the phenomenon of interest). Burns and Grove (2009:35), Speziale and Carpenter (2003:18), Schurink (1998:243) and Thorne (1997:287-288) contended that qualitative research is holistic and person-centred; participants provide researchers with rich descriptive detail in their stories using their own words, which give form and meaning to their experiences.

In the nursing profession, nurses must select a research practice that offers the most significant method to describe and appreciate human experiences (Cheek, 1996:503; Speziale & Carpenter, 2003:3). Ricoeur's (1991a:37-40) explanation of the link among time, language, lived experiences and interpretation contributed to the researcher's decision to implement a longitudinal qualitative research study to allow each participant the opportunity to describe his experiences through language over six months. Another reason for selecting the method was the limitations and weaknesses evident in the study findings discussed in Chapter 2.

No established single approach to conducting longitudinal qualitative research exists, but the focus is on the collection and analysis of data on more than one occasion over a specified period. Neuman (2003:31) distinguished three types of longitudinal research designs useful in examining the features of people at more than one time: cohort, trend and panel studies. Cohort studies involve examining specific sub-populations, generally age-related, over time. In cross-sequential designs, involving two or more age cohorts, researchers study different cohorts over a period to detect generational (cohort) changes over time. In panel studies, researchers use the same people to supply data at two or more points in time (Polit & Beck, 2004:167).

The current study included the panel design because the approach "can produce extremely valuable information" (Molloy, Woodfield & Bacon, 2002:5). Using the design allowed the researcher to not only examine and observe participants who

did or did not change from the previous sessions but also to identify the conditions that influenced their experiences (Polit & Beck, 2004:168). Another advantage of the panel study was not expecting participants to recall and reflect on their experiences on one occasion; intimate partners participated in interviews at different intervals. The approach allowed the researcher to capture and interpret the intimate partners' experiences and provided participants an opportunity to discuss their experiences while they were still fresh in their minds. Intimate partners participated in four interviews: (a) within two weeks of, (b) four weeks after, (c) 12 weeks after and (d) 24 weeks after the rape.

The six months following the rape of a female intimate partner was a reasonable period within which to explore the lived experiences of her intimate partner. From a mental-health perspective, six months is the minimum period required to study the delayed effects of rape and the victim's coping and adaptive strategies (or lack thereof) and those of her partner. The longitudinal study approach is costly and time-consuming and poses the risk of high sample attrition because participants may lose interest in the study to overcome financial constraints (Neuman, 2003:31; Polit & Beck, 2004:196). To encourage continued participation, the researcher reimbursed the intimate partners for their time and travel expenses. Three common approaches in qualitative research are grounded theory, ethnography and phenomenology (Speziale & Carpenter, 2003:52); phenomenology was appropriate for this study.

4.2.2 Phenomenology

Over the past two decades, many researchers in the human sciences, particularly nursing researchers, have selected phenomenology to explore the nature and meaning of phenomena evident in ordinary everyday lived experiences as well as to examine unclear or unexplored issues in nursing (Annells, 1996:708-709; Farley & McLafferty, 2003:160; Jasper, 1994:309; Kleiman, 2004:7; Le Vasseur, 2003:408; Lindseth & Norberg, 2004:146; Oiler, 1982:178; Rose, Beeby & Parker, 1995:1124; Speziale & Carpenter, 2003:57, 65; Vellone, Sinapi & Rastelli, 2000:237; Wimpenny & Gass, 2000:1486). Morse and Field (1995:22)

stated that although different interpretive approaches exist in phenomenology, the basic purpose of phenomenology is to explicate the structure or essence of the lived experience of a phenomenon in search of unity of meaning and to identify the essence of a phenomenon through everyday lived experiences. A hermeneutic-phenomenological approach was necessary to examine the lived experiences of intimate partners of female rape victims during the six months following the rape.

The study of lived experience serves as the foundation of a hermeneutic-phenomenological inquiry within a qualitative paradigm, which is congruent with a holistic approach in the health sciences (Smith, 1997:80; Speziale & Carpenter, 2003:64). Hermeneutic phenomenology, as a methodology, is a unique kind of phenomenological interpretation specifically designed to uncover hidden meanings not immediately revealed in direct investigation, analysis and description of the phenomena (Maggs-Rapport, 2000:221; Speziale & Carpenter, 2003:63). Polit and Beck (2004:249) described hermeneutics as a research tradition that involves using lived experiences as a tool to understand the social, cultural, political or historical context in which the experiences occur better. In other words, hermeneutics bridges the gap between the researcher's personal context of understanding and that of the subject under study (Drew, 1989:431-432; Hagemaster, 1992:1122). For Smith (1997:80), hermeneutic phenomenology is a "research methodology aimed at producing rich textual descriptions of the experiencing of selected phenomena in the life world of individuals that are able to connect with the experience of all of us collectively".

Through identifying the experience of phenomena, researchers seek a deeper understanding of the meaning of that experience (Allen & Jensen, 1990:244; Smith, 1997:80). Increasingly deeper and layered reflection using rich descriptive language develops in-depth understanding (Smith, 1997:80). Finlay (2005:271), Farley and McLafferty (2003:160), Maggs-Rapport (2000:221), Crotty (1998:79), Jasper (1994:309), Erlandson et al. (1993:133) and Van Manen (1990:63) also believed that hermeneutics is interpretive and dialectic and added that interpretive understanding is only possible through an empathetic level of

understanding and identification with research participants and through analysis of the participants' use of language.

Many researchers have used a hermeneutic approach to examine lived experiences. The current study included the hermeneutic-phenomenological approach as inspired by Ricoeur because the approach provides a means through which researchers using hermeneutics can achieve congruence among philosophy, methodology and method (Geanellos, 2000:112-113; Speziale & Carpenter, 2003:63). Another reason for selecting Ricoeur's approach was that through the approach, the researcher envisaged providing participants an opportunity to voice their lived experience of being the intimate partners of female rape victims. A discussion of Ricoeur's hermeneutic-phenomenological approach is necessary in light of the influence of the theory on data interpretation in this study.

4.2.3 Paul Ricoeur's hermeneutics

Ricoeur was one of France's most prominent philosophers in the intellectual world and one of the most "talented exponents that the humanist European tradition has" (Wikipedia, 2010a:1). Ricoeur enjoys a privileged status in nursing academia because of his invaluable influence in nursing research and philosophical explorations of nursing practice (Flaming, 2006:220).

4.2.3.1 Ricoeur's theory of interpretation

Ricoeur's approach entails a series of analytical steps related to three phases, naïve reading, structural analysis (interpretive reading) and interpretation of the whole, which together form a hermeneutic circle (Speziale & Carpenter, 2003:63). Ricoeur's interpretive process does not involve pre-defining dependant and independent variables but rather focusing on the full complexity of human sense-making as the situation emerges (Myers, 1997:6). Ricoeur's approach includes acknowledging the plural, changing and incomplete nature of interpretation, taking into account language, reflection, understanding and the self (Geanellos, 2000:112-113; Speziale & Carpenter, 2003:63). Ricoeur explained the links

between imaginative language, including narrative and symbolic language, and reality. Ricoeur believed in the efficacy of reflection because people's greatness lies in the dialectic of work and the spoken word.

Language was crucial to Ricoeur (1974:66), in the narrative of the historian, in the decision of the judge, in the imaginative creations of the great novelists—because "man is language". Words, sentences and language create the discourse, or platform, by which researchers can interpret or appreciate the text itself. Interpretation is the centre between language and lived experience (Ricoeur, 1974:66). Ricoeur argued that language is timeless because it is only a system of signs, and discourse always occurs at some particular moment in time (Scaruffi, 2005:3). Time consists of "cosmic time, the uniform time of the universe, and there is lived time, the discontinuous time of our lives" (Ricoeur, 1983:7). Scaruffi (2005:3) explained that "on a cosmic scale, our life is insignificant, yet this brief period when we appear in the world is the time in which all meaningful questions arise"; a calendar "cosmologizes lived time and humanizes cosmic time; historical time harmonizes these two kinds of time and gives meaning to human action".

The object of study must be a text or text analogue that is in some way unclear or cloudy. A text is any discourse (conversation or speech) transcribed into written word (Ricoeur, 1991a:106). Actions or behaviours described in writing may be constructed as a text analogue. Scaruffi (2005:2) added that action, like discourse, is inherently subject to interpretation, and like discourse, actions are "open worlds" for which their performers and immediate audiences have not fully determined the meaning. The word *action* relates to being open to interpretation. Action is the written description of the phenomena (text) that is the object of interpretation (Allen & Jensen, 1990:242). Thus, interviews were appropriate as the method of data collection in this study.

Ricoeur (1991a:37-40) did not believe that the scientific interpretation of phenomena appears in the text or in the written word but noted that a research design served as the basis for understanding the participants' worlds and the

meaning of shared experiences between the researcher and the participants in a given social context. For Ricoeur, the principle of interpretation is “to strip off the concealment, to unmask and unveil untenable claims, to suspect the credibility of the superficial text, to explore what is underneath the surface and to reveal a more authentic dimension of meaning” (Pepa, 2004:2). Interpretation for Ricoeur is the process through which researchers discover more knowledge about themselves; interpretation not only assists researchers to see events through a different lens but also helps them to familiarise themselves with other ways in the world (Geanellos, 2000:114).

4.2.3.2 Ricoeur’s approach to textual analysis

For Ricoeur, analysis is essentially the hermeneutic circle of distanciation, appropriation, explanation and understanding. Data analysis involved applying these concepts (see Chapter 5). Detailed discussion of the concepts follows.

- **Distanciation**

Ricoeur’s theory of interpretation is useful when aiming to understand narrative data, as long as the researcher realises that the process of distanciation is not the goal of the process but rather a means of understanding. Distanciation reflects four forms (Geanellos, 2000:113; Ricoeur, 1973b:133):

1. Fixation of the spoken into the written word—researchers record dialogue as writing, and meaning becomes more important than the actual words.
2. Eclipse of the author’s intention—the written word makes the text autonomous and open to unlimited reading and interpretation.
3. Emancipation of the text—freeing the text from the context of its creation allows it to be read within different socio-political, historical and cultural traditions.
4. Identification of differences between spoken and written words forms the final step.

Distanciation leads to a distancing of the text from its author, from the situation of the discourse and from the original context and the audience (Geanellos,

2000:113). In this study, transcription of the interviews into text occurred before data interpretation.

- **Appropriation**

From a philosophical point of view, Ricoeur addressed the difference between text and discourse and referred to appropriation as the distance between the self and the other (the familiar and the alien), or between the near and the far, which interpretation and understanding attempt to reduce (Geanellos, 2000:114; Ricoeur, 1973a:160). Appropriation refers to the world of the text, which leads to an expansion of interpreters' horizons—their knowledge or consciousness (Ricoeur, 1991a:118). Ricoeur contended that when interpreters appropriate the meaning of a text, the text becomes familiar to them (making something one's own). Because Ricoeur believed in objectification of the text, he acknowledged the existence of being and the relation of being with others. The meaning of a text exists within the person who lived it, so the person cannot transfer the experience itself as lived to another person, only its meaning. Objectification of the text permits researchers to move beyond the notion that only the participants' understanding is meaningful or correct. Different interpreters will attempt to interpret the text faithfully, and although each of them might interpret the text in a different manner, none of them is wrong because Ricoeur believed a text could have different meanings for different interpreters (Geanellos, 2000:112-113; Ricoeur, 1991a:118). In this study, application of Ricoeur's concept of appropriation is evident in Chapter 5.

- **Understanding and interpretation**

Ricoeur noted that research text, in which language is the discourse, required interpretation of both the expressed and the un-expressed (Speziale & Carpenter, 2003:63). Ricoeur's approach of interpretation begins in a naïve manner with the interpreter attempting to grasp the meaning of the text as a whole before progressing to obtain a deeper understanding through appreciation of the relationship of the parts to the whole (Speziale & Carpenter, 2003:63). Understanding is an unfolding process that rotates itself.

The two levels of understanding include epistemological understanding, which is concerned with methods of logic, reliability, adequacy and generalisability, and ontological understanding, which forces one beyond method and logic to the underlying question of meaning. For Ricoeur (1983:97), the object of interpretation is to produce an emotional relationship with the text that then generates a new interpretation. From a different interpretation comes a different form of understanding, meaning that interpretation and understanding form a dialectical relationship with each another. The interpretive process that underlies meaning arises from interactions, working outward and back from the self to the event and from the event to the self (Ricoeur, 1991a:118). Ricoeur believed that interpretation occurs through appropriation, which involves researchers making things previously unknown to them their own. Interpretation is the process through which researchers discover more knowledge about themselves, not only assisting them to see events through a different lens but also helping them to orientate themselves in other ways in the world (Geanellos, 2000:114). The world of the text leads to an expansion of the interpreters' horizons. Interpretation acknowledges the existence of being and the relation of being with others so that every hermeneutic is explicitly or implicitly self-understanding by means of understanding others.

Ricoeur's theory links the knower with the known, which concedes ontological presence in all knowledge (Geanellos, 2000:113). In essence, Ricoeur (1991a:67) believed that the only manner through which to make sense of the human condition is the constant reworking and revisiting of prior interpretations and the analysis of texts, an inter-dependent moving between parts and wholes. Each part influences another, which results in the constant exchange of messages, allowing understanding to take place in circles.

Given that the aim of hermeneutics is to interpret and understand human consciousness, Ricoeur's hermeneutical circle of interpretation, while moving backward and forward between the participants' text, is an appropriate method to uncover, interpret and understand participants' lived experiences of their past and present and their perceptions of their future. Ricoeur's (1992:190) concepts of

suffering and ethics were also applicable in interpreting the participants' descriptions because the participants may have been traumatised after the rape of their partners and the consequences of the event may have affected others with whom they live. In this study, obtaining a comprehensive understanding of the participants' experiences involved allowing them to tell their stories in relation to how they perceive and interpret their experiences after the rape event. The researcher used both experience and theoretical knowledge to interpret and understand the participants' texts in terms of the expressed and the un-expressed. Interpretation of the data began with a naïve understanding to familiarise the researcher with the text and moved to a deeper understanding of the meaning of the parts of the text in relation to the meaning of the whole and the whole of the text in relation to its parts.

- **Explanation and understanding**

Ricoeur's theory of interpretation reflects an attempt to bridge the gap between explanation and understanding. For example, Ricoeur believed the task of hermeneutics is to describe and explain human phenomena and to achieve understanding through textual interpretation of the phenomena under study (Allen & Jensen, 1990:242). For Ricoeur (1978:1214), hermeneutics is a dialectic process between the whole and parts of the text, between understanding and explanation and between de-contextualisation and re-contextualisation. The focus of Ricoeur's theory of interpretation is explanation (what the text says) and understanding (what the text talks about). In other words, explanation includes a focus on the parts of the text, while understanding involves a concentration on grasping the meanings of the text (Geanellos, 2000:114; Lohne & Severinsson, 2005:286; Ricoeur, 1976:88; Ricoeur, 1978:1214; Sundin, Jansson & Norberg, 2002:93-95). Rice and Ezzy (2002:131) noted that Ricoeur's hermeneutic circle is never closed or final—it is a correlation between explanation and understanding. Donnelly and Wiechula (2006:1117) insisted that Ricoeur's theory contributes to greater interpretation of the text (discourse) in a hermeneutic-phenomenological inquiry.

4.2.4 Differences and similarities between phenomenology and hermeneutic phenomenology (interpretive research)

Although a close link between phenomenology and hermeneutics is evident because both include a focus on understanding lived experience, in reality, the two schools are different. While phenomenologists concentrate on the lived experiences of individuals within their life-world, eliciting commonalities and shared meanings, researchers using hermeneutic inquiry focus on the interpretation of language and the meanings of individuals' experiences (Byrne, 1998:190; Creswell, 2004:58-60; Polit & Beck, 2004:249). While the purpose of both phenomenology and hermeneutics is to develop a clear understanding and description of human experience through defined procedures, Willis (2001:2) and Ricoeur (1978:1214) explained that phenomenological research is descriptive. Ricoeur believed phenomenological research relates to the structure of experience and the organisational principles that give form and meaning to the life-world. In other words, phenomenological researchers attempt to elucidate the essence from these structures as they appear in consciousness (Laverty, 2003:15). However, Leonard (1989:43) argued that a hermeneutic approach and phenomenology complement each other in that both enable researchers to obtain a deeper understanding of the human experience because in both approaches the focus is on the nature and meaning of the language used to describe the experience. Nelson (1996:60) contended that hermeneutic phenomenology is a combined method that allows researchers to both describe and interpret the phenomenon while uncovering the lived experience in the text.

Phenomenology has received much attention despite the fact that the method has been useful in examining and interpreting lived experience in the health sciences. Crotty (1996:38) claimed that research conducted by nurses is not phenomenology according to the European tradition but is a North American hybrid. Watson, McKenna, Cowman, and Keedy (2008:235), McNamara (2005:695-696) and Higginbottom (2004:8) noted that the criticism of nursing literature stems from nursing researchers failing to distinguish clearly between the use of interpretive and descriptive phenomenology.

Other authors confirmed the confusion of the unique aspects of the two methodologies and criticised the manner in which nursing researchers interpret the methodology of phenomenology (Barkway, 2001:191; McNamara, 2005:695; Rapport & Wainwright, 2006:228; Rose, Beeby & Parker, 1995:1124). For Braud and Anderson (1994), a potential difficulty in hermeneutics is that researchers may misinterpret intended meanings if they do not include non-verbal communications or factors (as cited in Lydall, 2004:180). Koch (1995:827-828) and Walters (1995:798) stated that such deficits affected the overall quality and rigour of their studies. In the current study, the researcher recorded participants' non-verbal behaviour as field notes and analysed the notes together with the participants' transcripts. Despite the conflicting viewpoints, Van Manen (1990:180) wrote that the phenomenological facts of lived experiences are always hermeneutic and, irrespective of whether the facts of lived experiences need to be captured in language, phenomenology is an interpretive process.

4.3 Research Process

This section reflects details of the process followed in examining the phenomenon of interest. Discussions relate to the following topics: pilot study, selection of an appropriate population, sampling, delimitation, recruitment process and data collection instruments (primary and secondary).

4.3.1 Pilot study

Due to the vulnerable status of intimate partners, a pilot study was necessary and occurred between February and July 2008. Two intimate partners participated in the pilot study. After the two participants made contact with the researcher, the researcher set up individual appointments prior to the interviews to explain the purpose of the study and the ethical considerations in the research process. Glesne and Peshkin (1992:38) recommended that researchers execute the processes followed during the pilot phase in a similar manner for the main study.

4.3.1.1 Purposes of conducting the pilot study prior to the main study

Conducting a pilot study prior to the main study was necessary and allowed the researcher to

1. Determine whether the planned research methods for accessing, recruiting and interviewing intimate partners within the first two weeks after the rape of their female partners were appropriate and ethically sound to allow for timely modifications before the main study (Ulin, Robinson & Tolley, 2005:123)
2. Test the viability of the research question (Merriam, 1998:75)
3. Filter the research question or narrow the focal point of the research according to the emerging data (Duma, 2006:90)
4. Resolve possible problems or queries regarding the feasibility of the study, ethical considerations, research design, recruitment, effectiveness of the sampling frame and data collection methods (Aitken, Gallagher & Madronio, 2003:340; De Vos et al., 2005:208, 331, 364)
5. Practice demographic and semi-structured interview questions because researchers should have certain skills to allow them to formulate questions in such a manner that they can explore in-depth the phenomena under study; researchers should further be aware that factors such as manner of speaking, gender, age, language and other personal traits may interfere with data retrieval (Speziale & Carpenter, 2003:67)

Data transcription and preliminary data analysis followed each interview. Both the participants in the pilot study indicated their satisfaction with the demographic questionnaire and the interview schedule. Because both participants met the selection criteria for the main study, the researcher retained their data for analysis during the main study, as recommended by De Vos et al. (2005:212).

4.3.1.2 Lessons learned from the pilot study

The research reflected a naturalistic paradigm of inquiry, which meant that interviews with participants ideally should have occurred in their homes. However, when asked their preference for interview location, both participants

indicated that they would rather come to the researcher's office or home or any safe place far away from their homes. Because the rapes had occurred either close to or in their homes, the participants did not feel comfortable engaging in interviews there. The researcher's place of work was the most convenient location for all concerned. Both participants received appointment cards so that the security personnel would allow them access to the building.

One participant contacted the researcher on the morning of his appointment to explain that he would only be able to attend his interview after working hours due to unforeseen circumstances. The participant still preferred to complete the interview at the researcher's office. Noise levels and knocks on the office door (in spite of a "do not disturb" notice) were distractions that the researcher had to take into consideration for the main study; the researcher's employer granted permission to conduct the interviews for the main study in a quieter office.

During the pilot study, neither participant provided his own personal contact details. Perhaps due to the sensitivity of the topic, the participants wished to keep their particulars confidential. In the main study, if unable to speak personally with the participant, the researcher would have to leave many messages with his partner or a family member who answered his mobile telephone. A safety measure used to maintain contact with participants was to request telephone numbers of people whom they trusted whom the researcher could call when unable to reach participants on their mobile telephones.

Because all interviews lasted between one and two hours and because of the long distances that many participants had to travel, participants received R50 in cash for each visit. The provision of reimbursement in cash was a problem only once when a potential participant, who had expressed interest in joining the pilot study and had signed voluntary consent, arrived for the interview under the influence of alcohol. Ten minutes into the interview, the potential participant indicated that he did not want to participate any longer and demanded his money. The individual had probably wanted to participate in the pilot study only due to the promised reimbursement.

Analysis of the data of the two pilot study participants occurred immediately after the interviews. Although the aim of the interviews was to allow the participants to talk freely about their lived experiences, the participants appeared to need considerably more probing and clarifying than would be acceptable in a qualitative research interview. The researcher assumed that the problem existed because of a language barrier or because the researcher was a female. The participants may have had trouble talking freely to a female about their feelings.

The pilot phase enabled the researcher to make informed changes and adjustments to the semi-structured interview schedule and implement strategies for follow-up sessions before moving on to the main data collection phase. Preliminary data analysis and suggestions obtained from the pilot study participants indicated the efficiency of the interview schedule, making the schedule appropriate for use in the main study.

A major issue revealed during the pilot phase was the number of potential participants who expressed disappointment that an interpreter would not be present. Potential participants indicated that while they wanted to contribute, and needed to talk to somebody, they were not able to express themselves well in English. The language problem resulted in many lost opportunities and delayed recruitment for the entire study. Although the researcher subsequently adjusted the methodology to incorporate an interpreter during the interviews, the interpreter was not available at all times to assist with telephone calls from potential participants.

4.3.2 Selection of an appropriate population

Burns and Grove (2009:714) described a population as the entire set of individuals, objects, events or elements that meet the sampling criteria for inclusion in a study. In this study, the population referred to the entire population of intimate partners of female rape victims who received treatment for rape at the selected rape centre in Cape Town, South Africa, during the study period (1

February 2008 to 20 August 2009). Follow-up of each participant occurred over six months.

4.3.2.1 Sample and sample size

A sample is a subset of the population that the researcher selects for a study (Burns & Grove, 2009:721). Participants should have knowledge and experience, be able to reflect and articulate, have time for the interviews and be willing to participate in a study (Morse, 1994:228). According to De Vos et al. (2005:270), an interpretive longitudinal inquiry generally involves a small sample of up to 10 people from whom researchers systematically collect data over a period. Although intimate partners could be males or females, the sample for this study was nine men, of whom the first two, who had similar characteristics to the participants in the main study, participated in the pilot phase.

4.3.2.2 Sampling technique

Purposeful sampling was required in this study. The basis of the sampling method is the assumption of what one wants to discover or understand (Burns & Grove, 2009:368; Ulin, Robertson & Tolley, 2005:55). Therefore, purposeful selection of intimate partners of female rape victims who were likely to provide relevant and purposeful information occurred.

- **Inclusion criteria**

To be considered for recruitment, an intimate partner of either gender had to

1. Have an intimate relationship with a female rape victim before and after the rape event (as revealed by the rape victim to the medical or nursing staff)
2. Have voluntarily contacted the researcher telephonically within 14 days of hearing about the study from the victim
3. Be 18 years or older
4. Be able to communicate in one of the following languages: isiXhosa, English or Afrikaans (common languages spoken in the Western Cape)
5. Indicate availability for the follow-up interviews in Cape Town for the duration of the study period (six months)

- **Exclusion criteria**

While epidemiological data show that both females and males experience rape, females are at a substantially higher risk for assault (Campbell, 2001:1). Partners of male rape victims were excluded from the study due to the relative infrequency of male rape.

4.3.2.3 Sample size

Purposeful selection of 12 participants occurred initially. To improve data quality, extending the sampling process beyond October 2008 was necessary due to sample attrition. Of the 10 intimate partners who entered the main study by August 2008, seven did not attend their second and subsequent interviews. Of five further potential participants, only two entered the study. Recruitment and data collection continued until mid-August 2009, and nine participants eventually completed all four planned interviews successfully. Analysis of the data of the recruits who did not complete all four interviews did not occur because the recruits did not satisfy the objectives of the longitudinal design.

4.3.2.4 Delimitation of the study—geographical demarcation

South Africa's population in 2006 was 47.4 million. The Western Cape reflects 9% of the total population of South Africa (*Business in the City of Cape Town*, n.d.:1). The Cape metropolitan population comprises 63.9% of the Western Cape population (Smith, 2005:1). Cape Town is the capital city of the Western Cape, one of the nine provinces of South Africa.

Although more than one rape care centre in Cape Town offers medical treatment and counselling to rape survivors, only one TRCC operates in the city. The location of the centre is the G.F. Jooste Hospital in the Manenberg suburb of Cape Town. The researcher selected the centre as an appropriate and preferred study location for the recruitment of the intimate partners. Thuthuzela is a major rape care centre serving the surrounding suburbs of the Cape Flats area of the city, namely Manenberg, Gugulethu, Hanover Park, Mitchell's Plain, Heideveld,

Athlone, Strandfontein and some of the nearby informal settlements (see Figure 1).

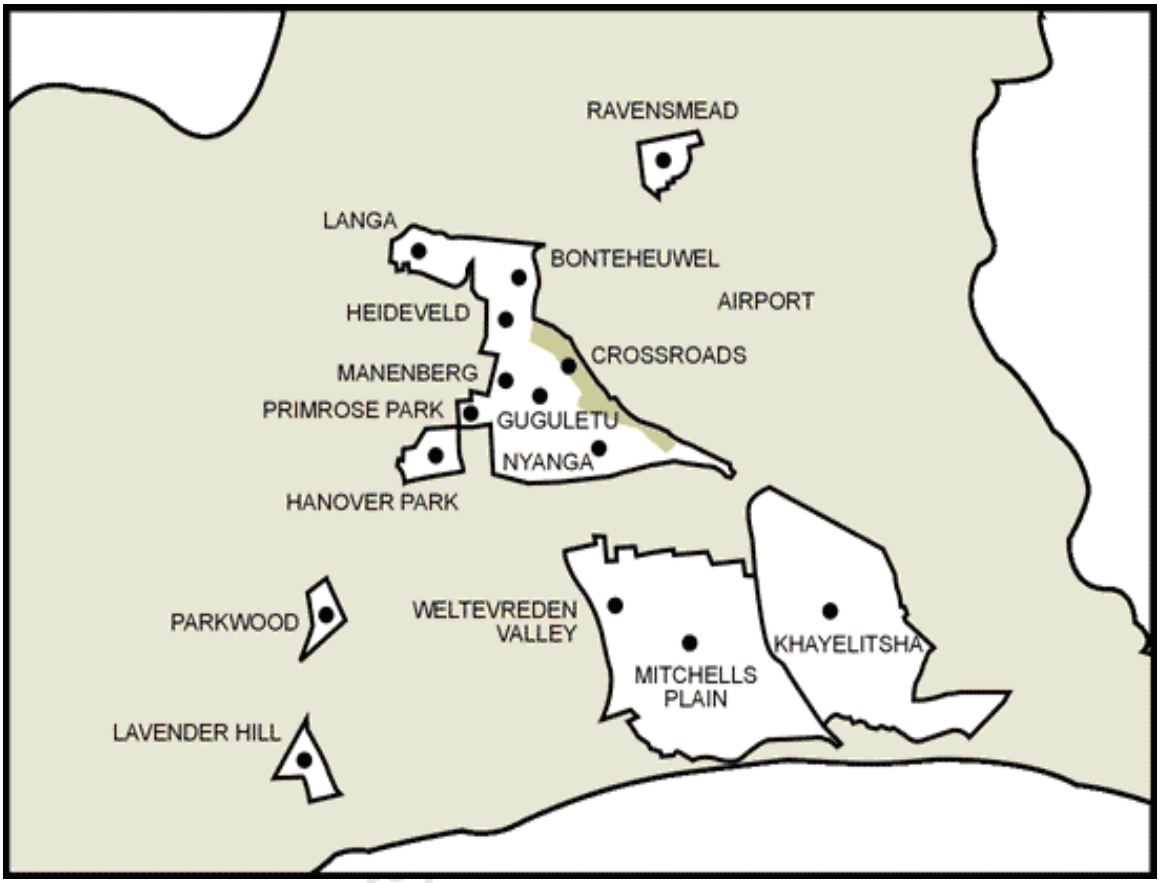

Figure 1: Map of the Cape Flats in Cape Town, Western Cape, South Africa (Ledochowski, 2008:1).

4.3.2.5 Entry and access to the recruitment site

Authorisation to conduct the study was received from the HREC of UCT and the Medical Superintendent of G.F. Jooste Hospital (see Appendices A & B). Subsequently, a letter was written to the clinical managers of the selected recruitment facility to brief them on the purpose and outline of the study and of the ethics clearance (see Appendix C). As suggested by Polit and Beck (2004:72), a meeting with the gatekeepers (the doctors and nursing staff responsible for running the rape care centre in the selected clinical facility) was required to brief them on the purpose of the study and the recruitment procedure,

to request their assistance in identifying suitable rape victims and to address potential areas of confusion. The meeting resulted in identification of people willing to assist in the process of recruitment. After a number of meetings and discussions with the identified personnel, the recruitment process for the pilot study started in February 2008.

4.3.2.6 Recruitment procedure for the pilot and main study

Due to the sensitive nature of the phenomena under study, the researcher modelled the recruitment procedure on the work of Davis, Taylor and Bench (1995:77), researchers who introduced the rape victim to the study and gained access to the intimate partner through the victim. In the current study, the attending medical or nursing staff at the TRCC identified female rape victims, either directly after the rape or at their 72-hour follow-up visit, who were in an intimate relationship with a partner of any gender (as disclosed by the victim). While in the waiting room, the staff members informed victims of the nature of the study and asked whether they would want to meet with the researcher. The rationale for such gate-keeping steps was to minimise any risk of coercion by the researcher while the victim was in a vulnerable and fragile state of mind. If the rape victim agreed to the meeting, the staff contacted the researcher by mobile telephone, and the researcher came to the rape centre to meet with the rape victim.

If a woman voluntarily agreed to speak to the researcher, the researcher took her to a private room. After introductions, the researcher explained the purpose of the study and provided an information sheet (see Appendix E). Next, the researcher asked the victim whether she would be interested in discussing the study with her intimate partner and whether she would show him or her an information document (see Appendix F). The rape victim received a card with the researcher's contact telephone numbers in case either she or her intimate partner lost the information sheet. Victims also received information on the reimbursement of their intimate partners' travelling expenses, should they be interested in meeting with the researcher.

Intimate partners interested in participating in the study could contact the researcher telephonically within the first 14 days of the rape of their partners; the period was helpful to allow the intimate partners to decide for themselves. Such an approach resulted in the prospective participants demonstrating their commitment to participate in the study. If an intimate partner made contact and expressed an interest in participating in the study, the researcher arranged a meeting at a time and venue suitable to both the potential recruit and the researcher.

4.3.2.7 Data collection instruments

- **Primary instrument**

The researcher was the primary instrument of data collection, which is an important requirement of the hermeneutic-phenomenological approach (Gubrium & Holstein, 2001:40). The approach, together with the philosophical underpinnings of qualitative research, required the researcher to accept the self as part of the research process (Streubert & Carpenter, 1999:5) and to become involved in an inter-dialogue with the intimate partners (Streubert & Carpenter, 1999:66). The only way that participants will share their experiences with a researcher is when the latter becomes a "slice" of the participants' life (Becker, 1992:8).

- **Secondary data collection methods**
  - **Demographic questionnaire**

During the first interview session, a demographic questionnaire was useful in obtaining descriptive data to form a background of the participants. The demographic data required included age, ethnic group, home language, language of preference, income per month and marital status (see Appendix H). The researcher read and explained each of the questions in the questionnaire and recorded participants' responses on the questionnaire. To verify whether the data were correct, the researcher read the answers back to the participants, which gave them a sense of trust and participation and reassured them that their input was an important contribution.

- **Interviews**

Walters (1995:797) emphasised that in phenomenological research, the interview approach is regarded as a primary data collection method, irrespective of whether participants decide to exclude some painful experiences. In using Ricoeur's hermeneutical approach, the researcher was aware that language plays an important role in understanding lived experience, which is congruent with the writings of Van Manen (n.d.:4) that only through the collectivity of language can researchers access the experience of others and themselves. Being a mental-health nurse, the researcher knows that interviewing skills are important tools when exploring people's experiences, feelings, perceptions and thoughts. The researcher planned all interviews ahead of time and conducted them with each participant at a mutually agreed time and location. The pre-determined interview schedules were as follows:

1. Initial interview within the first two weeks of the rape
2. Second interview at the end of the fourth week following the rape
3. Third interview at the end of the twelfth week following the rape
4. Fourth interview at the end of the twenty-fourth week following the rape

The study period was the first six months after an intimate partner learnt of the rape event, whether he witnessed the event or not. De Vos et al. (2005:295) stated that people's behaviour becomes meaningful and understandable in the context of their lives and the lives of those around them. Noting how participants' lived experiences changed over the six months was an important aim of the longitudinal qualitative study. This researcher regarded the six-month period as sufficient to study the meaning of such experiences.

Molloy, Woodfield and Bacon (2002:8) used a six-month period as a yardstick to detect changes in the attitudes, perceptions and experiences of their participants. In a study of women's experiences of recovery from sexual assault, Duma (2006) noted that a period of six months was adequate to analyse and interpret women's experiences of their journey. The same period was sufficient to understand intimate partners' experiences.

All interviews were conducted in English apart from three isiXhosa interviews. Creswell (2009:184) emphasised that an outstanding characteristic of phenomenological studies is that data collection and data analysis are parallel processes. Preliminary data analysis for each participant after each interview aided in the development of questions for subsequent interviews and allowed for comparison of the data of the same participant during the different interview phases.

At the end of each interview session, participants had time to ask any questions related to the research. Thereafter, the researcher summarised their described feelings and experiences along with the written field notes to validate whether the researcher had the same understanding as had the participants. Participants indicated whether the summary captured everything that they had said. The process helped to not only ensure accuracy of the collected data prior to analysis (Rawlins, Williams & Beck, 1993:103) but also to address the concern of Holloway and Wheeler (2002:93) "that qualitative researchers are criticised for taking participants' words at face value, without any checking or reflection".

- **Semi-structured interview schedule**

A flexible semi-structured interview schedule consisting of a set of open-ended but pre-determined questions based on the research purpose (Mouton, 2001:103) functioned as a guide to interview each participant four times over six months. An interview schedule is of value because it ensures that the interviewer asks a core list of questions in each interview (Barriball & While, 1994:335; Greeff, 2005:302; Ulin, Robinson & Tolley, 2005:43). Examples of the first interview schedule prompts are the following:

1. Your partner was raped on [date]. Please tell me how you felt when you first heard about this.
2. Please tell me everything you have been through since the event.

- **Probing statements**

Examples of probing statements follow:

1. Please tell me what has changed between you and your partner since the event.
2. Please tell me what has helped you to cope since the event.
3. Please tell me about ways that others could have helped you during this period.

The researcher used the interview schedule statements for the subsequent interviews (to ensure that all the participants answered the same pre-determined questions) but phrased the questions according to the time of the interview and participants' responses during their previous interviews. An example may be the following: A month ago, your partner was raped. Last time you said you were angry. Today, please tell me how you are feeling now.

- **Digital audio-tape recording**

Due to the expected complexity and varying nature of the experiences that ensue after the rape of a partner, the principal data collection method employed in the current study of the lived experiences of intimate partners was to conduct four audio-taped, one-on-one, semi-structured interviews with each participant. The researcher created four different files, one for each of the four interviews, on the digital voice recorder used to record the interviews. To avoid mixing up the recordings, the participants enunciated their study number and the date of the interview at the beginning of each interview. However, one participant felt uncomfortable about use of the voice recorder, so the researcher made written notes of the conversation. While a potential implication was that certain meanings could have been lost, the conversation went well, and on completion of the interview, the participant granted permission for the recording of the remaining three interviews.

- **Field notes**

Polit and Beck (2004:393-394) recommended recording field notes during or directly after interviews. The field notes involved explaining and describing observations made during the interview, such as gestures, tone of voice, repetition, stammering, language and expressions of "mmm...", for example. Field

notes were necessary because audio-tapes cannot capture non-verbal cues and because field notes are useful in supporting the information derived from the interviews (Babbie & Mouton, 1995:291). The researcher recorded the field notes in a separate notebook, typed the notes shortly after each interview and filed them under each participant's study number, together with the transcript of the audio-taped interview, as proposed by Speziale and Carpenter (2003:166-167). Data analysis involved integrating the visual observations with the transcripts.

- **Reflective journal**

Polit and Beck (2004:730), Speziale and Carpenter (2003:189) and Koch (1996:179) suggested that researchers keep a reflective journal during the study period. Accordingly, after each interview over the 18-month period, the researcher recorded perceptions, emotions, thoughts, ideas and reflections on the interviews. The researcher further wrote about possible biases and consultation with experts in the field of hermeneutic phenomenology. See Appendix D for an excerpt of the reflective journal.

4.4 Progress from Pilot to Main Study

Gubrium and Holstein (2001:341) warned that when the interviewer and the participants are from different cultures, misunderstanding of the meaning of words may occur. Javier (2007:85); Bot (2005:176-179); Andrulis, Goodman and Pryor (2002:1) and Lee (1997:2) advocated the use of interpreters. Following consultation with the study supervisors and the clinical nurses at the recruitment site regarding the difficulties experienced due to the language barrier, using an interpreter was a logical step. The UCT HREC granted permission for this adjustment in methodology. All the relevant study documents were translated into Xhosa speaking (see Appendices E, F, G, H and I). The principal supervisor, who is fluent in both isiXhosa and English, further reviewed the documents. Thereafter, recruitment of an interpreter was necessary from September 2008 to August 2009.

4.4.1 Use of an interpreter

Temple and Edwards (2002:2) pointed out that researchers often failed to spell out how the involvement of interpreters, the language differences in communication across languages and the implications of involving a third party in qualitative communication with people who do not speak English fluently affected the data collection process. Wadensjö (2004:113) believed that misunderstanding of the question is possible, that the interpreter might interpret partly what participants say or that certain meanings may become lost during the interviewing process. To overcome such potential difficulties, Milectic, Piu, Minas, Stankovska, Stolk, and Klimdis (2006:3); Bronsdijk (2006:4); Bot (2005:176-179) and Gerrish et al. (2004:407) suggested appointing an interpreter who has knowledge of the participants' cultural background and who speaks the same dialect. The interpreter in the current study spoke isiXhosa, had a diploma in psychology and was a counsellor at Rape Crisis, Cape Town.

4.4.1.1 Training of the interpreter

Although the appointed interpreter had a psychology background and extensive experience in interviewing, she received training on the following:

1. The expectations regarding confidentiality
2. The topic: the lived experience of intimate partners of female rape victims within the six months following the rape incident
3. The English and isiXhosa information documents
4. The background, objectives and purpose of the study
5. The estimated time of the interviews and the preferred translation formats, as evident in the semi-structured interview schedule, and the operational definitions

4.4.1.2 Interpreter procedures

The following procedures applied to interpretation during the interviews:

1. The researcher asked the questions in English while the interpreter had the isiXhosa interview tool in front of her so that she could translate the questions into isiXhosa exactly as communicated by the researcher.
2. Clarification of participants' perceptions of a word/sentence occurred before interpretation and translation of the exact meaning of the participants' responses into English.
3. The interpreter was aware never to ask additional questions other than those communicated by the researcher.

4.4.2 Preparation for the initial and subsequent interviews

The following steps were required in preparing for the interviews:

1. Because four separate interviews with each participant were required, the back page of the interview schedule reflected four columns for field notes. Re-reading such notes assisted in recall of the previous interview. Each participant received a photocopy of the original interview sheet.
2. Prior to each subsequent interview, the researcher listened to the previously recorded interview and consulted the preliminary analysis to determine whether formulation of new questions was necessary for the next day's session.
3. The researcher confirmed the appointment, venue and time with both the interpreter and the participant.
4. The researcher ensured that cash for reimbursement of participants was available.
5. The researcher checked that all equipment was in working order.
6. The researcher ensured that the note pad for field notes was ready.
7. The researcher set up the location for the interview.
8. The researcher prepared refreshments for both the participant and the interpreter.

4.4.2.1 Initial interview session

The initial interview of each participant occurred within the first two weeks of his partner being raped. The interview technique in hermeneutic phenomenology is

important in establishing and building a relationship between the researcher and the participant for the duration of the research (Drew, 1993:345). Participants became comfortable with the researcher by talking about general issues at first. Interviews reflected the following structure:

1. Established rapport and offered refreshments before and after the interviews
2. Asked participants for permission to use a digital audio recorder (Gubrium & Holstein, 2001:76; Packer & Addison, 1989:43) and reminded them of their rights during the interviews (e.g., the right not to answer questions they did not feel comfortable with or to withdraw from the study without giving a reason)
3. Informed participants of the researcher's responsibility during the research period, how the researcher would handle the information—including issues of confidentiality—and how the researcher would disseminate the findings of the study
4. Reminded participants that a review of their thoughts from previous interview sessions would occur before continuing with the interview
5. Provided participants with the consent form to sign after they agreed verbally to participate in the study
6. Provided participants with a copy of the written consent form for their records and retained the original form in a file.

4.4.2.2 Interview procedure

After completing the demographic questionnaire, most of the participants appeared more relaxed. Thereafter, the semi-structured interview schedule was implemented (see Appendix J for an example of the four interviews with Part. 6). The researcher started the conversation in the same manner with each participant: Your partner was raped on [date]. Please tell me how you felt when you first heard about this.

The researcher encouraged participants to talk freely about their experiences of the rape of their partners and how they had managed, but some participants did

not understand the request. Therefore, the researcher restated as follows: Please tell me everything you have been through since the event. The objective was to encourage the participants to elaborate on their experiences and to speak freely in their own words to allow the researcher to understand the meaning of their experiences through their innermost feelings, attitudes and perceptions.

Although the participants were willing to share their stories, they needed more probing than was expected. Depending on the nature of their responses, probing as deemed appropriate for the given situation was necessary to elicit more information from the participants to prompt further story-like communication (Gubrium & Holstein, 2001:18). The probing statements and questions included phrases such as “please tell me more”, “go on” and “what happened then?” rather than *what*, *where* or *when* questions (Okun, 1992:75; Rice & Ezzy, 2002:61). Responses to the questions contributed to further discussion during the follow-up interviews. Rice and Ezzy, (2002:61) suggested that probing is particularly useful when participants are hesitant to answer or give unclear or incomplete answers not part of the interview schedule. Probing also aids in ensuring coverage of all the topics of the research problem.

After probing, intimate partners talked freely about their experiences following the rape of their partners. The researcher designed individualised interview questions for subsequent interviews based on previous interview data to allow for the generation of rich data and as many categories and themes as possible for the purpose of data analysis (Janoff-Bulman & Wortman, 1979:354). In other words, the aim was to gather descriptions of the life-world of the participants with respect to interpretation of the meaning of the described perceptions (Kvale, 1983:1174). The average duration of the initial interview session was 45 to 60 minutes.

4.4.2.3 Second and subsequent interview sessions

The second interview session occurred at the end of the fourth week, the third at the end of the twelfth week and the fourth at the end of the twenty-fourth week after the rape incident. Each interview reflected the same procedures. Before

starting each interview, the researcher again reassured the participants of confidentiality and their right not to answer a question if they felt uncomfortable and reminded participants that the interview would be tape-recorded. The basis of the interview questions was the analysed data collected during the previous interview sessions. Subsequent interviews included more in-depth, follow-up and probing interview questions. The researcher started with superficial questions, delving deeper for more meaning before receiving a satisfactory answer (Greeff, 2005:291-292). Follow-up questions were asked only where necessary because some participants talked freely without prompting. Individualised probing helped to clarify and verify details pertaining to participants' experiences.

During the second interview session, the participants responded to the following requests: It is now four weeks since your partner was raped. I would like us to talk about your experiences and feelings since the rape, and I would like you to tell me whether there are any changes you have experienced, both as regards to yourself, and between you and your partner. I also would like you to tell me how you are dealing with these experiences.

To adhere to the principle of doing no harm, the researcher referred three participants for treatment because they mentioned that sleep disturbances from flashbacks or nightmares and an inability to control their anger were affecting their functioning (see Appendix K). The second interviews lasted approximately 60 to 90 minutes.

The duration of the final interview session was at least 120 minutes. Such long sessions were required to address issues identified during preliminary analysis of the previous sessions. Exploration of unresolved issues, such as "still angry that the police can't catch the culprits", occurred. The researcher also asked participants to reflect on their experiences over the six months and on their participation in the study: Today I would like you to tell me what your experiences since your partner was raped six months ago mean to you. Another request was the following: I would also like us to talk about what has helped, or not helped, you throughout the past six months in managing your life. Such a process aided

participants in identifying where they were before and where they were at the time of the final interview, which made some participants very emotional.

On completion of each interview session, the participants again received reassurance about the confidentiality of their stories. The researcher thanked them for their time and willingness to share their experiences. Completing the final interview session, the researcher invited participants to talk about their participation in the study and answered questions about treatment of the eventual study findings. The researcher asked participants for permission to contact them during data analysis to verify certain issues related to their statements during the interviews, should such a need arise. To perform member checking (the validation principle of Colaizzi), the researcher asked the participants for permission to contact them on completion of data analysis for confirmation of their descriptions (Speziale & Carpenter, 2003:59), and all agreed to the request.

4.4.2.4 Limitations during recruitment and data collection

The following limitations were encountered during the recruitment and data collection process.

- **Unavailable subscriber on mobile telephone**

During the recruitment period, the researcher received numerous automatic "please call me" cellular messages from mobile telephones. However, on calling the numbers, the researcher received either voicemail or the following message: "the subscriber is not available". Some of the messages may have been from potential recruits.

- **Interview clashes with potential participants' employment schedules**

While the researcher was flexible in scheduling research appointments, the majority of the potential participants worked during the week and some even over weekends. Despite expressing an interest in the study, they did not want to participate in interviews at their workplaces or homes and could not attend interviews after hours or over weekends. The scheduling of interviews involved

much negotiation. Although the researcher was comfortable meeting at her home or at any alternative place, the potential participants could not arrange to come for the sessions and requested telephonic interviews. After hearing an explanation of the purpose of the study and the method of data collection, the potential participants were disappointed but accepted the feedback. Clashes with employment schedules undoubtedly contributed to slow recruitment and to the attrition of actual recruits.

- **Selection criteria issues**

One reason for the tardy recruitment during both the pilot phase and the main study was that many of the rape victims were separated from their partners or not in intimate relationships. Another important issue during recruitment for the pilot phase was language. The residents of the main catchment areas of the study site spoke mostly isiXhosa. Many callers were interested in the study, but because they only spoke isiXhosa, they believed that the language barrier would be problematic. However, two eventually agreed to participate in the pilot phase. The UCT HREC granted permission for use of an interpreter. Thereafter, the recruitment process improved, and 24 participants, of whom six were isiXhosa speaking, eventually enrolled in the main study.

Although all participants were aware that they could express themselves in their language of preference, only one of the isiXhosa participants attended the remaining three interview sessions. Despite using an interpreter, the subsequent data collection process continued to be slow. Further complications included the interpreter being unavailable at times due to other work requirements and calling in sick on two occasions. However, several of the Afrikaans- and English-speaking participants also withdrew from the study; altogether, eight did not complete their second, third or fourth interview sessions.

Another difficulty experienced during data collection was that some recruits lost the researcher's contact number, resulting in them not being able to re-schedule interview dates in time. Others simply did not arrive for their confirmed

appointments. In addition, the researcher could not reach some recruits when trying to confirm the appointments.

The researcher followed the logical advice of Aitken, Gallagher and Madronio (2003:344) by asking participants upon study entry to provide an additional contact number of a family member not living with them and to inform the researcher of any changes in residential address or telephone numbers. Nevertheless, the researcher often lost contact with participants whose telephones were persistently on voicemail or whose telephone numbers no longer existed, resulting in some of the participants only turning up once or twice. The researcher made numerous attempts to contact such participants, or the family member at the alternative number, without success. Possible explanations for the difficulty maintaining contact include that participants' telephones were stolen or out of airtime, participants were experiencing networking problems with cellular telephone sim cards, the participants were no longer interested in the study or the participants' problems had resolved.

Therefore, recruitment was re-opened until another six participants entered the study. Three of them later indicated that they preferred to go to a traditional healer, while the others were un-contactable after the initial interaction. Some of the participants called the researcher between interview sessions to try to borrow money and received a careful reminder of the research relationship to avoid excessive dependency on the researcher. Two participants withdrew from the study after the researcher politely declined requests for loans. The high participant dropout rate of the planned longitudinal component of the study was expected, and although disappointed, the researcher persisted with the remaining participants.

Several participants had trouble speaking openly about how the rape affected their partners' emotions. Some reported that when they came home after the interview sessions, their partners wanted to know what they had said to the researcher. While some participants retorted that they could not remember, the reality was that the interviews led to arguments and additional stress in the

already strained relationships. How the situation affected the interviews was difficult to determine.

- **Gender difference between the researcher and participants**

Another factor to consider regarding the quality of the responses during the interviews was the effect of gender (female researcher and male participants). Perhaps the participants were occasionally too embarrassed to express their feelings genuinely. Gubrium and Holstein (2001:210) reported that due to the masculine self, men are hesitant to tell others how they feel and often need more direct questioning to provide the required data. Despite using more direct questioning, the researcher, on occasion, sensed the participants' difficulty in expressing themselves while sharing their private lives in the interviews.

- **Interview schedules**

The researcher adhered to the planned times of the four scheduled interviews over the study period as closely as possible. Where an urgent need for a study participant to change the planned date of an interview existed, the researcher adjusted the schedule to maintain the trust relationship and retain the participant.

- **Sample attrition**

Despite the problems evident during recruitment and data collection, nine participants successfully completed all four interview sessions. Although most were positive about their involvement in the study, three participants related independently that speaking about their experiences appeared, at times, to set them back a step experientially. They preferred, nevertheless, to continue to participate in the study. The researcher noted that because of the long-term relationship that developed, the participants became more open and relaxed when talking about their experiences during subsequent interviews. Sterling and Peterson (2004:47) confirmed that development of reciprocal relationships between researchers and participants during longitudinal research is normal.

4.5 Ethical Considerations

In 2007, the UCT HREC granted permission to the researcher to conduct the study (see Appendix A). In December 2007, the hospital's management team agreed to allow the researcher to use the TRCC as a recruitment site for the pilot and main study (see Appendix B). After a number of meetings with the nursing and medical staff, the researcher received verbal permission to proceed with the recruitment process.

Because the nature of the study might have evoked emotional reactions in both the participants and the researcher, the researcher approached the issues involved with the utmost sensitivity. Ulin, Robinson and Tolley (2005:58) recommended that researchers consider an ethical framework that is consistent with a phenomenological study. The study participants were regarded as a category of vulnerable people. Thus, during recruitment and accomplishment of the study, the researcher diligently applied the ethical guidelines evident in the Declaration of Helsinki, which emphasises that researchers should prevent harm to study participants, and the three time-honoured ethical principles of autonomy, beneficence and justice of medical research (Brink, Van der Walt & Van Rensburg, 2007:20; Speziale & Carpenter, 2003:314). The application of the principles was congruent with Ricoeur's approach in that researchers should conduct research involving human beings in a faithful manner (Ricoeur, 1983:97).

4.5.1 Autonomy

Davenport (1997:3) stated that the principle of autonomy implies that "an adult with capacity to decide has a full and perfect right to determine what may be done to his body", a right accepted in ethics, medical practice and law. In this study, the principle of autonomy was apparent in the twin tenets of informed consent and voluntary participation.

4.5.1.1 Informed consent

Informed consent involves participants, who are capable of comprehending information, receiving adequate information on the proposed study and being aware of their power to participate voluntarily or decline involvement in the research (Polit & Hungler, 1993:359). At the initial meeting, participants received an explanation of relevant study information and a copy of the information sheet (see Appendix G):

1. The researcher explained the purpose and significance of the study.
2. The researcher made participants aware of the potential benefits, and harms, of participation.
3. The researcher informed participants of the duration of the study and for how long they would need to co-operate (De Vos et al., 2005:59).
4. Participants were aware that an interpreter would be present if necessary; the researcher assured participants of the maintenance of confidentiality by informing them of the criteria used in selecting the interpreter and of her training in research confidentiality.
5. The participants were aware that they could choose to participate in the interviews in English, isiXhosa or Afrikaans.
6. The researcher informed participants that an audio-tape recorder would be required to record interviews and that under no circumstances would the tapes be accessible to unauthorised persons.
7. Participants were aware that the researcher would store the audio-tapes safely at her home, marked with the date of the interview and the study number of the participant. No names would appear on any tapes or files. No one other than the researcher would be aware of the source of the obtained data because each participant would receive a study number.
8. The researcher assured participants that all information would be treated confidentially and anonymously and that no information they provided would be publically reported or made accessible to parties other than those involved in the research. The researcher explained that she would keep the compact discs containing the interviews under lock and key for six months after publishing the findings. Thereafter, the researcher would

erase the discs and burn the notes taken during data collection (Mouton, 2001:243; Neuman, 2003:124).

9. Participants were informed that the researcher was being supervised and with which academic institution the study was registered. The underlying rationale for such assurances was to reduce anxiety or misconceptions about the study and confidentiality issues (De Vos et al., 2005:331).
10. The researcher ensured that participants knew that if they felt uncomfortable discussing certain sensitive issues during the interview, they were under no obligation to continue.

4.5.1.2 Voluntary participation

Cottingham and Jansen (2005:5) and Streubert and Carpenter (1999:34) emphasised that researchers should not invade participants' privacy. In the current study, the researcher assured participants that their participation was voluntary and that they could withdraw from the study at any stage without penalty or reason. Denzin and Lincoln (2005:144) recommended that researchers encapsulated participants' rights on the informed consent form as (a) fair treatment, (b) anonymity and confidentiality, (c) protection from discomfort and harm and (d) respect for privacy.

Participants were informed that should they have any queries about the study, the researcher would address these immediately to clarify misconceptions. After receiving an explanation and assurance of their rights, participants voluntarily signed the informed consent document (see Appendix G) for study participation (Marshall & Rossman, 1999:75). Participants received a duplicate copy of the signed informed consent form. Each participant provided written consent before commencing with the initial interview. For each subsequent interview, the participants provided verbal consent.

4.5.2 Beneficence

Another fundamental and foundational ethical principle of medical practice is beneficence, which has its roots in the Hippocratic Oath (Polit & Beck, 2004:143;

Davenport, 1997:8) Beneficence involves treating the participants with respect and dignity. As a corollary, the term non-maleficence agrees with the Hippocratic duty of "doing good to others and doing no harm". Halai (2006:5) wrote that sound research is a moral and ethical endeavour and should be concerned with ensuring that the interests of the participants are not harmed as a result of research being done. Orb et al., (2001:95) stated that sometimes the concept beneficence is also associated with paternalism. The example they used to explain their statement is when a researcher wants to examine the problem of violence amongst elderly women, but may decide not to include them in the sample, because they may be too vulnerable. In this case, the researcher is not giving elderly women the opportunity to decide for themselves and for their voices to be heard.

Although it is not always possible to predict all the likely risks before conducting a study, researchers have a moral obligation to protect participants' identities. In the current study the principle of beneficence was maintained by putting the following processes in place to protect the identities of the study participants:

- Participants were allowed to decide for themselves whether they wanted to participate in the study and have their experiences heard
- A study number was allocated to each participant in order to protect each participant's identity
- In order to maintain confirmability, the participants were informed that a intercoder would be used, and that an audit trail would be followed so that other researchers could make sense of the activities that the researcher included in the study and thus be able to review the process and data (Polit & Beck, 2004:712)
- Protection of participants' identities also applied to publication (Orb et al., 2001:95). Therefore participants were guaranteed that their identity would be treated confidentially in all research activities. Given the fact that the study was conducted with a small group of participants, the mere fact that they came from different townships, guaranteed that there was no chance that they could be recognized in their communities or when the findings were published. Therefore the researcher informed the participants how

the findings would be disseminated and published. Their permission was asked to include direct quotations in any publication. They all voluntarily approve that quotations may be used in publications.

4.5.3 Justice

Upholding the rule of justice involved ensuring privacy, confidentiality and anonymity (Speziale & Carpenter, 2003:314). Privacy refers to the researcher keeping all information composed during the study in the strictest confidence. Streubert and Carpenter (1999:44) emphasised that a researcher has a moral obligation to consider strictly the rights of the participants to anonymity and confidentiality. In the current study, the researcher considered establishing trust with and respecting participants as autonomous beings as important (Polit & Hungler, 1999:33-38; Streubert & Carpenter, 1999:44). However, Ajjawi and Higgs (2007:620) wrote that maintaining participants' confidentiality in interpretive research is often a difficult task, and a major ethical concern, because of the personal nature of the research and the type of questions researchers ask. The following steps helped to ensure protection of confidentiality and anonymity in the study:

1. Each participant was contacted confidentially and discretely over the six-month period.
2. Wherever possible, interviews were scheduled on different days to ensure that the study participants did not meet one another.
3. After transcribing the interviews, the researcher clearly marked each tape with only the respective participant's study number and the date of the interview. The tapes remained in a locked storage drawer at the researcher's home for destruction on completion of the study.

4.6 Conclusion

Chapter 4 included descriptions of the application of the research design; the research process, including the pilot phase and the main study; the limitations and the ethical considerations. Chapter 5 reflects a detailed discussion of the management and analysis of the data of this phenomenological hermeneutical study.

CHAPTER 5: DATA ANALYSIS

5.1 Introduction

De Vos et al. (2005:335), Polit and Beck (2004:570) and Marshall and Rossman (1999:150) stated that the aim of data analysis is to organise, provide structure for and elicit meaning from the mass of collected data to divide the data into manageable themes, patterns, trends and relationships. Chapter 5 shows the management, organisation and different procedures used to analyse the data. Although preliminary analysis occurred before each subsequent interview, data collection and analysis formed an inter-weaving process and occurred simultaneously (Coffey & Atkinson, 1996:2; De Vos et al., 2005:335; Kvale, 1996:166; Polit & Beck, 2004:570; Rice & Ezzy, 2002:191; Ulin, Robinson & Tolley, 2005:139). Six months were required for a thorough analysis, according to the recommendations of Braun and Clarke (2006:87) who noted that researchers should allow enough time for data analysis because analysis forms the bedrock of the rest of the study.

The primary purpose of the study was to explore, analyse and interpret the meaning that male intimate partners of female rape victims attached to their lived experience. An aim was to develop a framework for understanding and conceptualising male intimate partners' experiences during the first six months post-rape. The research question that guided the analysis was the following: What are the lived experiences of intimate partners of female rape victims during the six months following the rape?

Chapter 5 reflects four sections to assist the reader in following the decisions made throughout the analytical process, as suggested by Koch (1994, 976-978). The first section pertains to the management, organisation and storage of the data. The second section includes a discussion of the data analysis procedures used in the study. The third section relates to the application of the data analysis methods selected. The fourth section concerns the trustworthiness of the data. Chapter 5 reflects use of the third-person voice.

5.2 Management, Organisation and Storage of Data

5.2.1 Translation and transcription of the interviews

The researcher played and replayed all the digital audio-taped interviews before transcribing them verbatim. For the isiXhosa language interviews, a qualified and skilled isiXhosa-English translator had translated the isiXhosa interviews into English during data collection. Another qualified and knowledgeable isiXhosa-English translator, who not only comes from the same community as the participants but also understands both languages, transcribed the isiXhosa interview responses into English.

Wadensjö (2004:113) emphasised the potential for misunderstanding the question or response, the interpreter understanding the participant's response partly or certain meanings becoming lost. One of the researcher's supervisors, who is fluent in English and isiXhosa, verified each of the transcriptions, which ensured the integrity of the data and protection of the participants' narratives. No discrepancies were apparent between the English and isiXhosa versions.

The researcher completed the transcriptions and gave all the audio-tapes to a professional transcriptionist to avoid data distortion (Polit & Beck, 2004:570). After the transcriptionist was finished, the researcher checked the transcriptions against her own transcripts and the original audio recordings for accuracy as suggested by Braun and Clarke (2006:88). Pauses were denoted on the transcripts with dashes, while completely inaudible aspects were denoted with a description in brackets. An example follows: "I uh ... [pause] like uh, I am not yet right, uh, yah you know. How can I, uh, answer the question ... [silent] or like when sometimes when I think about death you know" (Excerpt from the transcript of Part. 1).

5.2.2 Organisation of the data

A separate Microsoft Word file, marked with the relevant participant's number, was required for each participant. Transferring the recordings to the different participants' files occurred after each interview. The researcher saved each

interview on a compact disc marked with the date of the interview and study number of the participant.

5.2.3 Data storage

Transcripts and original recordings of each phase (i.e., Week 2, 4, 12, and 24) were stored chronologically from the first to the last interview under lock and key. A back-up compact disc clearly marked with the date of the interview and study number of the participant was required.

5.3 Data Analysis Procedures

According to Braun and Clarke (2006:87), Polit and Beck (2004:574) and Ayres, Kavanaugh and Knafl (2003:873), data analysis in a qualitative study consists of different processes, including development of a categorisation scheme and corresponding codes to sort and organise data. The financial sponsors of the study required that the researcher attend a course offered by them in different research methods. Through the course, the researcher explored various qualitative software packages and manual data analysis procedures. Although most of the software packages were relatively simple to use and could save time, none seemed useful.

Watson et al. (2008:378) and Polit and Beck (2004:575) maintained that manual methods are outdated. In contrast, Ulin, Robinson and Tolley (2005:150-151); Welsh (2002:5) and Thorne (2000:69) believed that while computer data analysis programmes are highly effective in simplifying researchers' daunting task of sorting and organising sets of qualitative data, none of the programmes is capable of the intellectual and conceptualising processes required to transform data into meaningful findings or analyse individual themes. The researcher believed that the only way to become intensely familiar with the participants' stories and to proceed with the process of coding and sorting of themes, sub-themes and patterns was to perform manual data analysis, as suggested by Ulin, Robinson and Tolley (2005:145) and Speziale and Carpenter (2003:61).

5.3.1 Analytical approaches of Ricoeur and Colaizzi and the within-case and across-case approach to qualitative data analysis

The interpretive theory of Paul Ricoeur aided in guiding the data analysis process to provide congruence between this study's philosophical underpinnings and the research method. The guidelines of Colaizzi and the within-case and across-case approach were useful in supplementing Ricoeur's method (Ayres, Kavanaugh & Knafl, 2003:873; Speziale & Carpenter, 2003:58-64). According to Farley and McLafferty (2003:160), phenomenological researchers examine "subjective phenomena in the belief that an essential truth about reality is embedded in the meaning of lived experience". Thus, purposeful selection of the abovementioned approaches occurred to answer the research question, to address the purpose and to ensure production of trustworthy findings for reporting purposes. A brief description of the steps used appears below.

5.3.1.1 The interpretive approach of Ricoeur

Selection of the interpretive approach of Ricoeur to interpret the data in this study transpired because Ricoeur's analytical steps reflected acknowledgement of the "interrelationships between epistemology (interpretation) and ontology (interpreter)". Ricoeur's analytical process moves from a naïve understanding to an explicit understanding that emerges from explanation of data interpretation. The process shows the way interpretation proceeds through multiple stages of understanding where the interpreter seeks to understand what is expressed and un-expressed within the text (Speziale & Carpenter, 2003:63). Ricoeur's analytical process involved the following steps:

1. Naïve reading entailed reading the text as a whole.
2. Interpretive reading included identifying patterns and themes.
3. Interpretation of the whole involved reflecting on the initial reading along with the interpretive reading to ensure a comprehensive understanding of the findings.

5.3.1.2 The approach of Colaizzi

Colaizzi's approach included the following steps:

1. Read through the participants' descriptions of the phenomenon
2. Return to the original transcripts to identify and extract significant statements
3. Spell out the meaning of each significant statement
4. Organise the aggregate formalised meanings into clusters of themes
5. Write an exhaustive description
6. Return to the participants for validation of the descriptions and incorporate any new data into the exhaustive description

5.3.1.3 The within-case and across-case approach to qualitative data analysis

Polit and Beck (2004:165) reported that comparing groups of people at two points in time is a method common in quantitative research. M Van Manen pointed out, "In qualitative studies, this method is used in grounded theory, and the question is not whether a theme is representative of commonalities" (personal communication, 16 September 2010). Yet, the researcher could not find any hermeneutic-phenomenological study that involved using both the within-case and across-case approaches simultaneously with the approaches of Ricoeur and Colaizzi as their approaches did not include clear guidelines on identifying themes for commonalities in data across cases. After making distinctions between the different understandings of description and explanation versus interpretation, the researcher and her supervisor anticipated that in all three approaches, interpretation is required in understanding the lived experience of the participants. Thus, the purpose of selection of the within-case and across-case approach, as suggested by Ayres, Kavanaugh and Knafl (2003:873-874), was to supplement the approaches of Ricoeur and Colaizzi. All three approaches facilitated examination of the phenomenon without presuming the outcome.

Although the selected method of analysis seemed different to the empirically traditional approaches to interpretive data analysis, the philosophical foundation

remained the same, just with a slightly different focus. Throughout the process, the researcher intended to work reflexively with the data to identify patterns, themes and categories. Analysis involved applying all three approaches while searching for commonalities amongst the different participants' experiences, identifying participants who did and did not change and examining how conditions and characteristics of previous interviews influenced conditions and characteristics of subsequent interviews. Although the approaches allowed the researcher to examine the data through a different lens, some critical interpretive researchers might argue that the application thereof is a complex and difficult issue to accept as methodologically correct. However, the methodologies have much in common, because their core is mostly a thematic analysis. The researcher had to ensure rigorous implementation of the approaches to address the research question and purpose of the hermeneutic-phenomenological study.

Watson et al. (2008:378) argued that there is no rigid, defined way of conducting an interpretive analysis. The argument has some merit and means that the combination of approaches in this interpretive study was not methodologically wrong or right. The researcher believes that all three approaches played an invaluable role in the study in providing a deeper understanding and insight into the experiences that distinguished the diverse participants. Furthermore, the researcher built the formulation of interpretive analysis directly on the approach of Ricoeur because the focus of his hermeneutical approach is understanding the text to understand human action (Ricoeur, 1991a:37-40). What distinguishes the data analysis in this study from traditional phenomenological methods of interpretive analysis is that all three of the selected approaches supplement each other, facilitating further opportunity to understand and interpret the manner in which the participants experienced and recounted their lived experience through story telling. Krasner (2001:72) emphasised that "stories illuminate meaning, meaning stimulates interpretation and interpretation can change outcome".

5.3.2 Development of a categorisation scheme

During the initial reading of the data, the recommendations of Polit and Beck (2004:573) were valuable in developing a categorisation system to organise, capture and code the data. The researcher and her supervisor agreed that the coding would occur at the time of the interviews to promote easy access to parts of the data to prevent having to re-read the entire data set repeatedly. Significant concepts that emerged received a label that formed the basis of the categorisation scheme. Miles and Huberman (1994:57) referred to codes as tags or labels used to assign units of meaning to the descriptive information compiled during a study. A Microsoft Word file was opened to create a conceptual file for each category. Thereafter, the researcher reduced the text with similar concepts into more manageable components for the purposes of retrieval and review. Grouping related concepts made the rest of the process easier.

5.3.3 Data coding

Different colour highlighters were required to code the entire data set of the individual and across-interview texts with descriptive and interpretive codes as described in Burns and Grove (2009:522). Coding of the individual and across-interview texts involved using the same format for all interview transcripts because the researcher moved backward and forward among them. Braun and Clarke (2006:83) noted that inductive reasoning does not allow for coding of themes to fit the researcher's pre-conceptions; codes are data driven.

A qualitative researcher received three randomly selected full sets of unmarked interview transcripts, accompanied by a protocol that included the purpose and objectives of the study (see Appendix L), in an attempt to evaluate and ensure inter-coder reliability. Both the external researcher and the researcher of the current study coded the same sets of data independently and later met to check for consistency and to compare codes. Creswell (2009:191) suggested that further discussion include the difficulties experienced, the meaning of each code and any areas that needed further investigation. Some differences in

interpretation were evident and required revision of the codes before reaching a point of agreement in an attempt to enhance the credibility of the process.

In contrast, according to Ricoeur's approach, the meaning of a text is inherent to the participants only, and objectification of the text allows researchers to move beyond the notion that only one understanding is meaningful or correct, that of the research participant. Ricoeur (1971:549-550) believed that different interpretations bring richness to the text, so the different opinions on participants' meaning between the qualitative researcher and this researcher meant that neither was wrong. Nevertheless, the interaction was a valuable exercise because it not only enhanced criticism but also reinforced Ricoeur's approach toward different interpretations by different interpreters (multiple interpretations). The qualitative researcher voluntarily agreed to continue to code the remaining interviews, meeting regularly with the researcher to compare and discuss independent codes.

5.4 Application of Ricoeur's Theory of Interpretation

Based on Ricoeur's approach, the aim of data analysis was to transform the participants' lived experience into a textual expression of its essence, making the text a reflexive re-living and a reflective appropriation of something meaningful (Ricoeur, 1991b:155-159). The purpose of interpretation was to understand and interpret the meaning participants attached to their lived experiences and to determine whether that meaning changed during the subsequent interviews conducted over a six-month period. The researcher had to remember that there was no shortcut to understanding the participants' experiences and had to progress through the different phases of the hermeneutic circle. Figure 2 reflects a summary of Ricoeur's theory.

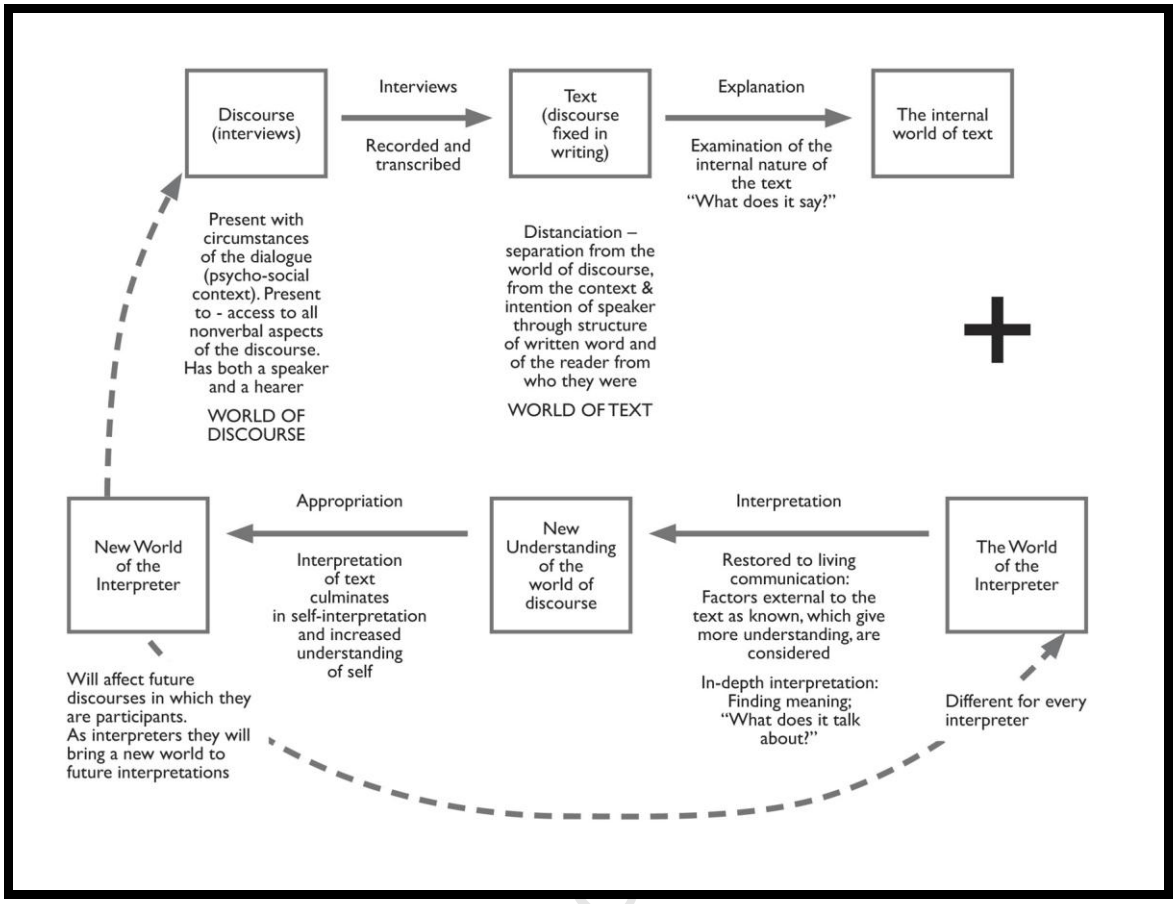

Figure 2: Summary of Ricoeur's theory (Tan, Wilson & Olver, 2009:6).

5.4.1 Entering the hermeneutic circle: appropriation

Each interview was considered as a separate unit and as part of a greater totality. To gain an empathic appreciation and feeling for the inherent meanings of the participants' lived experiences of how the rape of their partners affected them within the six months following the rape, the researcher first had to grasp the metaphorical meaning of the text as a whole through naïve reading. Naïve reading is in line with the first step of Ricoeur's approach (Speziale & Carpenter, 2003:63) and the first step of Colaizzi's approach (Speziale & Carpenter, 2003:58). The naïve reading involved listening to the digital tape recordings and reading all the individual participants' interviews repeatedly line by line as a whole (first to fourth interviews). During naïve reading, the researcher distinguished between information relevant to all participants and aspects of the experience exclusive to particular participants (Ayres, Kavanaugh & Knafl, 2003:872). While reading the descriptions of the participants' experiences, the researcher continuously dialogued with the data while viewing the texts as objectively as

possible, as proposed by Sandelowski (1995:375). The naïve reading and re-reading process permitted the participants' experiences, thoughts and feelings to pass through the researcher's mind.

The naïve reading aided in developing naïve understanding and guesses of the meaning of the lived experiences of being an intimate partner of a female rape victim and ensured familiarity with the data (Marshall & Rossman, 1999:153). However, the more the researcher read, the more she noted that the metaphors of the participants' experiences were not always obvious in their stories. In an attempt to understand the underlying meaning of the text, the researcher began to formulate thoughts about its meaning and started asking questions, such as "what is the text telling me?", "what does this sentence/statement mean/represent about the participants' experiences?" and "when, how, where, or why is the sentence/word related to the research question?" Such a process aligned with the recommendations of Colaizzi and Ayres, Kavanaugh and Knafl (2003:874) regarding the formulation of meanings of "what the subjects say to what they mean" (Speziale & Carpenter, 2003:58). The researcher recorded the thoughts pertaining to the responses of the participants in the right margin of each transcript for later review as diary notes.

The naïve understanding of the text directed the researcher's attention to the experience of secondary traumatisation, which resulted in the first horizon of understanding of the participants' lived experience, making the process of appropriation (interpretation of the text) possible. The naïve understanding was that the moment intimate partners heard about the rape, they were traumatised and hurt. The intimate partners desperately tried to search for answers to why someone would inflict such a horrible experience on them and their partners.

The next step was to cut and paste all the identified key words, phrases and thoughts typed in the right-hand margin of the text during naïve reading into a series of tables in Microsoft Word. A substantial amount of writing was required to assist the researcher in the rest of the analysis. Braun and Clarke (2006:88) and

Speziale and Carpenter (2003:63) highlighted that writing throughout the process is an important exercise helpful during data analysis.

The next phase was to return to the original transcripts to follow the second step of Ricoeur (interpretive reading), which corresponds to the second step of Colaizzi (Speziale & Carpenter, 2003:58), and to continue preliminary data analysis as suggested by Ayres, Kavanaugh and Knafl (2003:872). The naïve reading and understanding helped the researcher to move to a deeper understanding through appreciation of the relationship of the parts to the whole. The movement between the parts and the whole permitted understanding to deepen. While interacting with the data, the researcher had to go beyond the data to search for and extract words, ideas, recurrent statements and meaningful connections to interpret the text (Ricoeur, 1991a:126; Speziale & Carpenter, 2003:58-59,63).

The researcher underlined the statements and patterns and, as suggested by Polit and Beck (2004:575), used colour coding to highlight statements and emerging patterns related to the participants' feelings and thoughts and anything related to the research question. Miles and Huberman (1994:57) recommended that researchers plot the codes in the left-hand margin opposite the related segment. According to Marshall and Rossman (2006:158), the process of "identifying recurring ideas or language, and patterns of belief that link people and settings together, is the most intellectually challenging phase of data analysis and one that can integrate the entire endeavour". Thorne (2000:68-69) held a similar opinion and expressed concern that data analysis receives the least thoughtful discussion in the literature. In this study, most of the descriptive and interpretive codes attached to the data represent the participants' exact words or phrases, but some of the labels resulted from the researcher's experience or the literature reviewed.

Through interpretive reading, the researcher discovered that the participants' stories were about their painful life experiences around their own vulnerability and how they battled to cope with what happened both to their partners and

themselves as a couple. The researcher extracted key words to form concepts for the development of the different descriptive or interpretive codes attached to the data to demonstrate the two stages of Ricoeur's theory of interpretation: (a) explanation, or what the text says, and (b) understanding, or what the text talks about. Extracts of two interview transcripts follow as examples:

> I feel so ***guilty*** **(1)** and ***blame myself*** **(2)** that she was raped here in Cape Town … ***because I told her that if she does not come*** **(2)** to me in Cape Town, I would look for another wife. ***If I did not put that much pressure on her, she would still be okay*** **(2)** … she does not deserve to be raped, you know, I ***feel so bad and sorry*** **(3)** for her. (Part. 2)
>
> ***I am bitter and beside myself, so angry*** **(4)** am I … I ***want to beat up*** **(5)** the guys who raped her; I am ***very, very angry*** **(4)** what ***happened to my*** **(6)** wife ***here in South Africa*** **(7)**. (Part. 4)

An explanation of the coding of the extracts follows:

1. Code 1 was *guilt feelings* in the exact words of the participant.
2. Code 2 in the first instance was *blame myself*, reflecting the participant's own words. The second instance received the same code because the researcher interpreted the participant's words as *blaming*.
3. Code 3 was *feel so bad and sorry* in the participant's own words.
4. Code 4 was *very, very angry* in the exact words of the participant.
5. Code 5 related to the participant's *want to beat up* sentiment. The researcher rephrased the code as *want to take the law in own hands*, borrowing the concept from existing literature on the initial responses of partners of rape victims (Lauer, 2002:3).
6. Code 6 was *my possession*, developed through the researcher's interpretation and borrowed from existing literature on responses of partners of rape victims (Holmstrom & Burgess 1979:326).
7. Code 7 was *frustration with the justice system in South Africa*, similar to the participant's own words but borrowed from existing literature on the consequences of attacks on foreigners (Kapp, 2008:1986-1987).

Table 1 reflects an example of the different colour highlighters used to code the data during analysis based on statements extracted from a first interview (in this case, with Part. 5).

Table 1: Coding of statements using different colour highlighters

Statement	Colour	Code
I am angry	Red	Feelings of anger
I am hurt	Red	Feelings of hurt
I am devastated	Yellow	Shocked
Something of mine taken away without permission	Pink	Feel betrayed

Next, the researcher returned to the first interview transcripts to identify and group statements with similar colours and note them in the left-hand margin of the transcripts. The researcher also made notes to indicate what each colour code represented. All comments and thoughts related to the coded data appeared in the right-hand margin of the transcripts.

The aim of the study was to determine whether changes, differences and similarities were apparent in the participants' experiences across the four interviews over six months. Thus, the researcher read subsequent interviews for each participant using similar procedures for coding, introducing different codes for new meanings but retaining similar colours for previous codes. At the same time, the researcher carefully searched for relationships and differences that emerged in individual and across transcripts, grouping those with a similar meaning together as sub-categories. Thereafter, similar colour codes and the various colours were further analysed for sub-categories. For example, some codes, such as *anger*, *blame*, *guilt*, *fear of contracting HIV*, *fear for safety*, *sleeping problems*, *lack of concentration* or *irritability*, emerged directly from the data. Relationship issues were evident at different times within the same participant's and across participants' interviews. The researcher further interrogated the differences for deeper meaning until different categories surfaced.

Thereafter, the colour-coded statements were grouped, cut and pasted into a separate Microsoft Word document. Creswell (2009:186) suggested assigning a descriptive code to each of the text ideas. Next, the researcher spelled out the

meaning of each of the statements for the purpose of further analysis, which represents the third step of Colaizzi (Speziale & Carpenter, 2003:59). Finally, all categories were grouped accordingly.

Further analysis and interpretation reflected a cyclical process. Outliers required interrogation and interpretation. Marshall and Rossman (2006:161) and Geanellos (2000:113) explained that research texts, through their foundation in language as discourse, appear on the boundary between the expressed and un-expressed. For understanding to occur, both the expressed and un-expressed require interpretation. During this step, as suggested by Speziale and Carpenter (2003:64), the researcher proceeded to a deeper understanding through recognition of the relationship of the parts to the whole. Explanation relates to analysis of the internal relations of the text—the parts—while understanding entails grasping the meanings of the text—the whole in relation to its parts (Geanellos, 2000:113; Ricoeur, 1991a:125). For example, the researcher's naïve understanding of an interview text appeared as follows: Feeling supported means feeling relieved, feeling happy that someone listened. It also means feeling safe in a supportive environment and feeling cared for. Figure 3 illustrates an extract of an interview transcript with the codes as initial margin notes.

Interviewer: EvW 14/7/2008	
Interviewer: I heard what happened to your partner. How are you feeling about what happened to her?	
Participant 0005: Yes. You know, she was on her way to Home Affairs in Nyanga. She got up quarter past four in the morning. When she left, I was still in bed. At five o'clock, she phoned me, or it was past five, I was still in bed, that she was raped. I was very, very disturbed. I was still fast asleep but very angry. I'm very bitter of what happened to her. At that time, I feel so sad because there was actually nothing that she could do to defend herself. I was feeling so helpless, and so I told her to go to the police. I try to cope. **Interviewer:** How? **Part:** I'm very, very bitter; I cry. I cannot eat; I cannot sleep. Sometimes in the night, especially when I lie in my bed, I get flashbacks of that phone call five o'clock in the morning. I just hope the police find them.	I was very, very disturbed I was very angry; I am feeling bitter; I am feeling sad I was feeling helpless I try to cope I cry, I cannot eat I struggle to sleep; I get flashbacks of the phone call I want the police to find them

Figure 3: Example of an interview transcript with initial margin notes.

Geanellos (2000:113) recommended that the researcher describe all thoughts and impressions of the text. The researcher further discussed her impressions with her supervisor to obtain clarity and to confirm the correct steps in the process. However, the researcher had to remind herself frequently that the hermeneutic circle of understanding is a metaphor for understanding and interpretation, viewed as a movement between parts (data) and the whole (evolving understanding of the phenomenon) with each giving meaning to the other, making understanding circular and interpretive (Ajjawi & Higgs, 2007:624). The reminder was a valuable exercise in that it further expanded the researcher's horizon of understanding to fit the experiences of the participants of how the rape of their partners affected them.

5.4.2 Thematic analyses

The last step in the hermeneutic process was to merge the ideas for interpretation. To perform thematic analysis, the researcher applied Ricoeur's second step and Colaizzi's fourth step (Speziale & Carpenter, 2003:59) together with the input of Ayres, Kavanaugh and Knafl (2003:873). According to Polit and Beck (2004:571) and Marshall and Rossman (1999:154), this phase is the most difficult and creative and represents the "heart of qualitative analysis". Van Manen (1990:78) pointed out that *theme analysis* involves the process of recovering the theme or themes embodied and dramatised in the evolving meanings and imagery of the work. Lindseth and Norberg (2004:149) regarded a theme as a thread of meaning that penetrates text parts, either all or just a few, and conveys an essential meaning of lived experience. To capture the meaning of lived experience, Lindseth and Norberg suggested that researchers should not formulate themes as abstract concepts but rather as condensed descriptions formulated in a way that discloses meaning. While DeSantis and Ugarriza (2000:362) emphasised that themes emerge from the text, which implies themes are not super-imposed on the text, Braun and Clarke (2006:82) believed that a theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. In this study, the themes illustrated the experiential structures that make up the experience that enabled the researcher to understand the life-worlds and meaning participants' attached to their lived experience after the rape of their partners.

5.4.2.1 Grouping of margin notes into thematic areas

To group the margin notes into thematic areas, the researcher again read the transcripts to avoid missing areas to ensure that all the data reflected the correct labels. The re-read showed that during the initial coding process, some codes had emerged again in a number of broad themes and sub-themes. Table 2 includes two examples and their sub-themes identified in the transcripts.

Table 2: Examples of themes and sub-themes

Need for justice	Self-isolation
I want the police to find them	Try to hide my real feelings from her
The police must catch them and put them behind bars	Working longer hours [so] that she cannot see how I am suffering
The police should catch them and put them where they belong	Live behind a mask
They should be punished for what they did	Live behind an iron door
	Not to upset her, I do not talk about how I am feeling

The researcher brought the sub-themes together to organise the broad themes. Each of the themes received a heading that summarised the tone of the theme, and to ensure that the analysis remained close to the text, the participants' own words were included. While shifting back and forth between the different cases during initial coding, the researcher discovered that some of the participants were more concerned about how their partners were feeling than about themselves. However, the discovery did not contribute to the formulation of themes after filtering for its relevance to the research question. Braun and Clarke (2006:90) and Lindseth and Norberg (2004:149) encountered a similar situation during analysis and highlighted the time required to clean up the data before continuing with the process.

Initially, many different themes were evident; however, further analysis indicated a lack of data to support all the themes. The researcher refined some themes and divided others into separate themes according to the suggestions of Watson et al. (2008:380) and Braun and Clarke (2006:90). Once the themes and sub-themes were apparent and organised within the individual cases, the researcher compiled the themes into a final list of themes for the individual interviews. The process was consistently followed for all the individual interview cases (Ayres, Kavanaugh & Knafl, 2003:872). Similar to the practice of Braun and Clarke (2006:89), the researcher cut and pasted the participants' exact quotes under the different themes to determine where they fitted the best.

After identification and organisation of the themes within the individual cases, the researcher returned to the transcripts to analyse the data for commonalities across cases. The data units that contained the most important statements, sentences, ideas, phrases and paragraphs that related directly to the participants' experiences across cases were extracted and grouped (clustered) in categories (Ayres, Kavanaugh & Knafl, 2003:872) to facilitate the process of *intuiting*. According to Swanson-Kauffman and Schonwald (1981), intuiting refers to the critical reflection on and identification of themes and sub-themes as found in the accounts of multiple participants (as cited in Ayres, Kavanaugh & Knafl, 2003:874).

5.4.2.2 Grouping of theme summaries

To continue with the second step of Ricoeur, which is in line with the fourth step of Colaizzi, the researcher took the 36 transcript documents, each an average of 17 to 20 pages, back to the raw transcripts to perform in-depth coding. The researcher compared the transcript documents and the identified codes to consolidate them in broader categories. The same process as for the individual cases occurred with all the subsequent interview data sets and across cases. Thereafter, the researcher reviewed each of the themes from the individual and the across-case interviews and grouped them together with similar themes from other interviews to form the final themes. The final themes included a number of sub-themes made up by the identified categories that represent the meaning of the phenomena under investigation.

5.4.3 Moving from descriptive to comprehensive understanding: interpretation of the whole

Table 3 reflects an extract of an interview (with Part. 4) to illustrate the development of a sub-theme (the experience of being-in-the-world as a secondary victim of rape), which lead to the development of the living in multiple worlds theme.

Table 3: Example of the development of a sub-theme

Direct expression	Key words	Concepts	Sub-theme
I **felt very hurt** because **if you want to hurt a man**, the only way is to sleep with my wife without my consent, raping her; **it's very hard for one to accept in life**, you see; so far **it has changed my life** so much because right now **I don't have that certainty,** right now **I don't have that manhood**, **that I am still a man**, you see. I don't know how I can explain it, you see. **It has changed me so much**.	Felt very hurt It's very hard for one to accept in life It has changed my life I don't have that certainty I don't have that manhood That I am still a man It has changed me so much	Painful feelings and concerns around own vulnerability triggered by the rape of partner	The experience of being-in-the-world as a secondary victim of rape

In hermeneutic phenomenology, nothing speaks for itself; instead interpretation of the whole, which is the last step of data analysis, is required. The final phase related to Ricoeur's third step (Geanellos,2000:114-116). To interpret the whole and obtain a comprehensive understanding of the findings, the researcher went back to the original text and looked at it as a world of its own. Interpretation involves "going beyond the descriptive data" (Speziale & Carpenter, 2003:63). Therefore, as suggested by Geanellos (2000:113), to interpret the data, the researcher moved from the initial interpretation of the text toward an increasing depth of understanding. In other words, the researcher had to move beyond understanding what the text said to understanding what the text talked about as described by the participants.

Although interpretive textual analysis is orientated toward faithfully representing a text, by providing it with every opportunity to reveal its truths, researchers need to appreciate that no single interpretation ever exhausts the meaning of a text.

Geanellos (2000:113) declared that the search for a single correct interpretation is contrary to hermeneutic understandings of textual plurality and multiplicity. Geanellos added that every interpretation is an approximation. The researcher next compared the sub-themes, themes and possible main themes with the naïve understanding for validation.

Morse (1994:36) explained phenomenological reflection as the process that develops the experimental themes by removing the phenomenology from the lived body, lived time and lived space and re-contextualises the lived experience to one with which people can identify. Phenomenologists achieve connections between data and theoretical knowledge through reflection. Burns and Grove (2009:610) stated that such a process requires skilful researchers because after reviewing the literature, they should organise ideas and summarise the existing body of knowledge through writing and re-writing.

Braun and Clarke (2006:91) noted the importance of determining whether the thematic map validated or invalidated the naïve understanding of the phenomenon. According to Ricoeur (1971:549-550), validation is not verification because verification is an inappropriate measure through which to judge hermeneutic knowledge. One of the ways to validate the interpretations and to create distance from the researcher's pre-understandings is to explain the text. To support the assumption that the participants were also traumatised after the rape of their partners, the researcher reflected upon whether the naïve interpretation and her pre-understandings were convincing. In other words, the researcher reflected on each of the main themes used for the final overall account in relation to the research question.

During the process of reflecting, the researcher suspected that the analysis of a participant's text invalidated her naïve understanding. The researcher misinterpreted a statement made by Participant 01 as he struggled to find the words to answer a question on suicidal ideation. The researcher heard and transcribed that Participant 01 had said something about death. Listening to the interview recording again, the researcher realised that the participant had stated,

“This whole thing what happened to us make something dead in me”. Although this misinterpretation was the only example, the researcher followed the advice of Lindseth and Norberg (2004:150) in re-reading the entire text of all participants until validation of naïve understanding was apparent through the analysis. Donnelly and Wiechula (2006:1117) proposed that re-reading is a valuable reflective exercise that contributes to greater interpretation of the text (discourse).

To obtain an in-depth knowledge of the participants’ lived experience (comprehension), the researcher followed the suggestion of Van Manen (1990:93) regarding hermeneutic reflection and, before commencing with data collection, reflected on particular aspects of her own experiences and, on completion of data collection, on the experiences of the participants (M Van Manen, personal communication, 16 September 2010). The aim of the phenomenological hermeneutical interpretation in this study was not to search for the absolute truth about the essential ontological meaning of the participants’ experiences but to seek rich and quality data regarding their lived experiences. Lindseth and Norberg (2004:151) warned that the whole truth could never be fully understood; therefore, the researcher searched continuously for possible meanings.

Putting aside pre-understanding involved continuously performing critical reflection, which assisted the researcher in revising, broadening and deepening awareness of the participants’ experiences (Lindseth & Norberg, 2004:152; M Van Manen, personal communication, 16 September 2010). After data analysis, the researcher reflected on the initial reading along with the interpretive reading in relation to the literature with a focus on the meaning of lived experience. In addition, the researcher discussed the topic with other experts in the field and recorded the dialogues where possible. One such example was a conversation with Dr. D Andrews (personal communication, 7 March 2008), a consultant at the Karl Bremer Rape Centre, about the phenomena under investigation. During the conversation, the researcher made notes to expand her understanding of the meaning of the participants’ lived experiences.

In conclusion, in this study, the researcher gained access to the participants' textual meanings through (a) participation in the life-world of the text of each of the participants, which enabled her to expand her horizon while focusing on the uniqueness of participants' thoughts and perceptions; (b) foreknowledge developed through participants' lived experiences and (c) the process of addressing her forestructures and pre-understandings of the possible trauma male intimate partners of female rape victims may experience after the rape of their partners (prejudice). The thematic structure reflected two inter-dependent and inter-related core themes: secondary victimisation and living in multiple worlds. Because data analysis was a circular process, the researcher used the hermeneutic circle and the interaction between the parts of the data and the whole to describe the lived experiences of the participants in Chapter 6 and discuss the findings in Chapter 7 (step five of Colazzi).

5.5 Trustworthiness of the Data

According to Lincoln and Guba (1985:290), trustworthiness is a method of ensuring rigour in qualitative research without sacrificing relevance. Burns and Grove (2009:611) and De Vos, Strydom, Fouche and Delport (2002:290) saw rigour in qualitative research as openness, adherence to the philosophical perspective and thoroughness of data collection and analysis. Lapadat & Lindsay (1999:76) stated that trustworthiness not only depends on the written words of the text but also includes the unspoken meanings that emerge from the entire data set. Morse, Barrett, Mayan, Olson & Spiers (2002:14) agreed and noted that without rigour, research is worthless and ultimately loses its utility.

The intention of this study was not to test a hypothesis but to examine the "subjective phenomena in the belief that essential truths about reality are grounded in lived experience" (Streubert & Carpenter, 1999:56). Therefore, the researcher's task was to understand the participants' experiences and to ensure that the research findings truthfully reflected their experiences. As suggested by Lincoln and Guba (1985:290), the researcher had to determine how she could convince readers that the study findings were worth their attention. In this study,

rigour was demonstrated through credibility, dependability, confirmability and transferability (De Vos et al., 2005:346; Lincoln & Guba, 1985:296; Polit & Beck, 2004:434; Speziale & Carpenter, 2003:37-39; Ulin, Robinson & Tolley, 2005:26).

5.5.1 Credibility

Credibility refers to the truth and believability of findings mutually established between the researcher and the participants as a true reflection of their experiences of the phenomena (Lincoln & Guba, 1985:296; Speziale & Carpenter, 2003:38). De Vos et al. (2005:346) and Streubert and Carpenter (1999:80) described credibility as the alternative to internal validity. In this study, the researcher achieved credibility through prolonged engagement and member checking.

5.5.1.1 Prolonged engagement

Lincoln and Guba (1985:301) defined prolonged engagement as "the investment of sufficient time to achieve certain purposes; learning the 'culture' of the participants, testing for misinformation introduced by distortions either of the self or of the participants, and building trust with the participants". Drew (1986:42) noted that Colaizzi's framework provides validity in that "listening to each session supplies continuous evaluation of interviewing technique and wording of the questions". In this study, the principle of reciprocity, as suggested by Rew, Bechtel and Sapp (1993:301), was apparent through building trust and rapport with the participants, which enabled the researcher to obtain useful and rich information.

5.5.1.2 Member checking

Although Ricoeur believed that researchers should trust their findings, using Colaizzi's procedures to supplement Ricoeur's approach required that researchers go back to participants to validate descriptions (step six of Colazzi: Speziale & Carpenter, 2003:59). Even though the researcher had maintained contact with the participants during the research to ensure them of the

continuance of the research and the need for their input on completion for verification of the description, five participants were unreachable. The remaining four participants attended individual meetings to perform member checking. Member checking served many purposes:

1. The process allowed participants to verify whether their transcribed interviews reflected their exact wording.
2. Member checking offered participants the opportunity to respond to or retract any or all of the recorded data/transcriptions.
3. The meetings included providing participants with a summary of the final findings and the thematic structure (Streubert & Carpenter, 1999:29). Although verbatim quotes were evident in the findings to support the researcher's interpretations (fittingness), the researcher clarified that the information that appeared in the document was a result of the information from all participants. Participants received an explanation of each concept in the integrated conceptual framework in English (none of the three isiXhosa-speaking participants were reachable for member checking). The participants answered standardised interview questions and indicated whether they believed that the researcher captured and interpreted the data in a manner congruent with their experiences.
4. The member-checking process ensured sufficient time for participants to ask questions, request clarification and add information where necessary. After perusing the documents, the participants' general feeling was that identifying their individual contributions was difficult and that the thematic structure and the researcher's interpretation thereof resonated with their experiences.
5. The meeting allowed the researcher to ask the participants to write down their responses as part of the research process and for record-keeping purposes. The participants voluntarily agreed to record their responses in writing (see Appendix M).

5.5.2 Dependability

According to Polit and Beck (2004:434) and Crawford, Leybourne and Arnott (2000:1), dependability in qualitative research relates to the stability of data over

time and over conditions. De Vos et al. (2005:346) and Ulin, Robinson and Tolley (2005:26) referred to dependability as the extent to which the findings would be consistent if the enquiry were replicated with the same participants or in a similar context. Merriam (1998:198), Kvale (1996:168) and Coffey and Atkinson (1996:189) stated that the purpose of research is to produce valid and reliable knowledge in an ethical manner. Kvale (1996:168) criticised researchers for not checking transcripts for reliability and validity. Similarly, Brink, Van der Walt and Van Rensburg (2007:118); Rice and Ezzy (2002:37); Merriam (1998:198) and Barriball and While (1994:328) emphasised that attending to reliability and validity can make the difference between valid and reliable research and the opposite. To address dependability in this study, the researcher implemented the following steps:

1. A detailed description of the research methods was provided.
2. Throughout the study, the researcher followed the same steps for each interview.
3. Responsible medical staff members at the recruitment centre were asked to identify rape victims who wanted to meet with the researcher.
4. Any form of bias due to the researcher's pre-assumptions and pre-knowledge was curtailed by using a semi-structured interview schedule.
5. Digital audio recording and accurately written field notes facilitated recording of all the participants' verbal and non-verbal cues to ensure a better understanding of the information provided (Le Vasseur, 2002:16). Using audio-tapes during the semi-structured interviews was a reliable method of data collection and allowed the researcher to return to the raw data to clarify uncertainties.
6. As recommended by Key (1997:4) the researcher presented an in-depth description of the data and included primary data in Chapters 6 and 7 to allow the reader to observe the basis of the researcher's conclusions.

Although Tobin and Begley (2004:392) argued that the concept of checking is unethical to the epistemology of a qualitative research inquiry because it reveals philosophical inconsistencies, Polit and Beck (2004:435, 721) proposed that to ensure dependability, researchers should build an inquiry audit and inter-coder

reliability into their studies. Inter-coder reliability is the degree to which two coders, operating independently, agree in their coding techniques. Ricoeur believed in objectification of the text, which means that a person cannot transfer the experience itself as lived to another person, only its meaning. Thus, different interpreters, despite their attempts to interpret the text faithfully, may produce different results. Ricoeur highlighted that differences do not mean that interpreters are wrong because a text has different meanings for different interpreters (Geanellos, 2000:112-113). Speziale and Carpenter (2003:65) further noted that researchers should remind themselves that the importance of the findings of a qualitative inquiry is the experience as presented and not anyone's opinion of the experience. According to Sandelowski (1998), only the researcher who collected the data and who had been immersed in the data could confirm the findings (Speziale & Carpenter, 2003:38). Despite the conflicting views, the researcher, having extensive knowledge and experience as both a mental-health nurse and a voluntary counsellor, wanted to ensure that she had not contaminated the data with any form of bias.

Therefore, the study reflected two verification techniques: inter-coding and audit trial. Chapter 4 included a detailed explanation of the inter-coding process. An audit trial followed completion of the data analysis process. The entire set of transcribed interviews and field notes was given back to the inter-coder to draw conclusions on whether the findings reached were reliable. Polit and Beck (2004:712) defined an audit trial as the systematic documentation of material that allows an independent auditor to draw conclusions about the trustworthiness of a study.

5.5.3 Confirmability

According to Ulin, Robinson and Tolley (2005:26) and Speziale and Carpenter (2003:38), confirmability relates to the manner in which the findings and conclusions of a study achieve the aim and whether the researcher was able to distinguish between his/her prior assumptions, pre-conceptions and personal values and those of the participants. Koch (1994:978) similarly contended that

researchers should clearly indicate how they arrived at the interpretations of their study. Because the researcher in this study was part of the research process, her philosophical assumptions and values related to a holistic approach in nursing may have influenced the findings of the study. For this reason, addressing confirmability was critical. As required by the approach of Ricoeur, the researcher applied the principle of reflexivity by maintaining a clear distinction between her personal values and those of the participants (Tan et al 2009:13). Chapter 3 included disclosure of the researcher's personal feelings, background, perceptions, pre-conceptions, biases, assumptions and role to indicate to the reader how the researcher's role may have affected the study.

5.5.4 Transferability

The purpose of the qualitative study was not to generalise the findings but to obtain in-depth knowledge and understanding of the participants' experiences after the rape of their partners. Speziale and Carpenter (2003:39) explained that transferability refers to the probability that the study findings have meaning to others in similar situations. Ulin, Robinson and Tolley (2005:27) argued that although transferability is not relevant to the methodology of most interpretive works, knowing "whether the conclusions of a study are transferable to other contexts" is vital. To address transferability, the researcher applied the following techniques:

1. The inclusion criteria for the study allowed for recruitment of a sample of participants whose experiences reflected the key issues in the research problem.
2. Description of the collected data was as accurate as possible.
3. The participants' own words functioned to support the researcher's interpretation of the data.
4. As much as possible, the researcher included literature and findings of similar studies related to the identified themes to allow other researchers an opportunity to transfer the conclusions of this study to other cases or as closely as possible to other settings (see Chapter 7).

5.6 Conclusion

Chapter 5 included a discussion on data management, data organisation and storage and methods and procedures applied to analyse and interpret the participants' lived experiences. Using Ricoeur's hermeneutical approach, the focus was to understand the meaning of the text itself and to interpret the here and now of the participants' lived experiences (Ricoeur, 1995:161). Chapter 6 indicates the research findings.

CHAPTER 6: RESEARCH FINDINGS

6.1 Introduction

Chapter 6 encompasses a presentation of the findings of the data collected. Use of the hermeneutic-phenomenological research approach of Ricoeur (1995:185) permitted the researcher to remove and transform undisclosed knowledge regarding the participants' experiences to make the lived experiences of male intimate partners of female rape victims visible. The main research question was the following: What are the lived experiences of intimate partners of female rape victims during the six months following the rape?

Chapter 6 reflects two main sections. The first section includes a description of the sample, and the second section involves a presentation of the findings according to the thematic structure, which includes the categories, sub-themes, patterns and themes identified in the data. The discussions include representative interview excerpts from the data pool to explain how the participants make sense of their lived experiences and to support the researcher's interpretation of their life-world.

6.2 Description of the Sample

The sample consisted of nine male participants whose female partners had been raped. The sample included the two participants recruited during the pilot phase. Of the nine participants, three were of South African Black origin and spoke isiXhosa, a language indigenous to the Western and Eastern Cape of South Africa. Two participants were Black Zimbabweans who spoke English and Shona. One participant was from the Democratic Republic of the Congo (DRC) and spoke English and French. The final three participants were Coloured and spoke English.

In the South African context, the term *Coloured* refers to an ethnic group of mixed-race people who possess some sub-Saharan African ancestry but not enough to be considered Black under the law of South Africa. The Coloureds are

the predominant population group in the Western Cape, with a population size of approximately 4 million (Wikipedia, 2010b:1). The three foreign participants possessed valid passports and had been living in South Africa for between four and seven years. All the participants lived in townships within the geographic area of the study site in Manenberg, Cape Town. Important to note is that none of the White women who received treatment for rape at the centre was in an intimate relationship at the time of the incident.

The ages of the nine participants ranged between 25 and 54 years. The mean age was 39.1 years. Five participants (55.5% of the sample) were married. One of the participants and his wife lived apart due to accommodation difficulties, and although they had daily contact with each other, after his second interview, the participant moved back to Zimbabwe because he could not cope with living separately. After six months, the participant moved back, reunited with his wife and successfully completed his remaining two interviews. Four participants (44.4%) were unmarried but had been in an intimate relationship for more than a year at the time of the rape. All lived with their partners. One participant's partner ended the relationship two weeks before his final interview (11,1%).

Three of the participants (33.3%) had tertiary qualifications; two participants (22.2%) achieved Standard 10 (Grade 8), while the remaining five exhibited between five and 10 years of schooling. Eight participants (88.8%) were employed at the time, and their gross monthly income ranged from R3900 to R6580. The unemployed man's (11.1%) father and sister supported him financially. Although all the participants belonged to a Christian religion, only three were actively involved in church activities. See Appendix N for an in-depth introduction to the participants.

6.3 Presentation of the Findings

In this section, presentation of the findings reflects different sub-sections and layouts. The first format is a figure. Figure 4 illustrates a summary of the categories, themes, sub-themes and patterns that made up the thematic structure

of the lived experiences of male intimate partners of female rape victims living in Cape Town, South Africa.

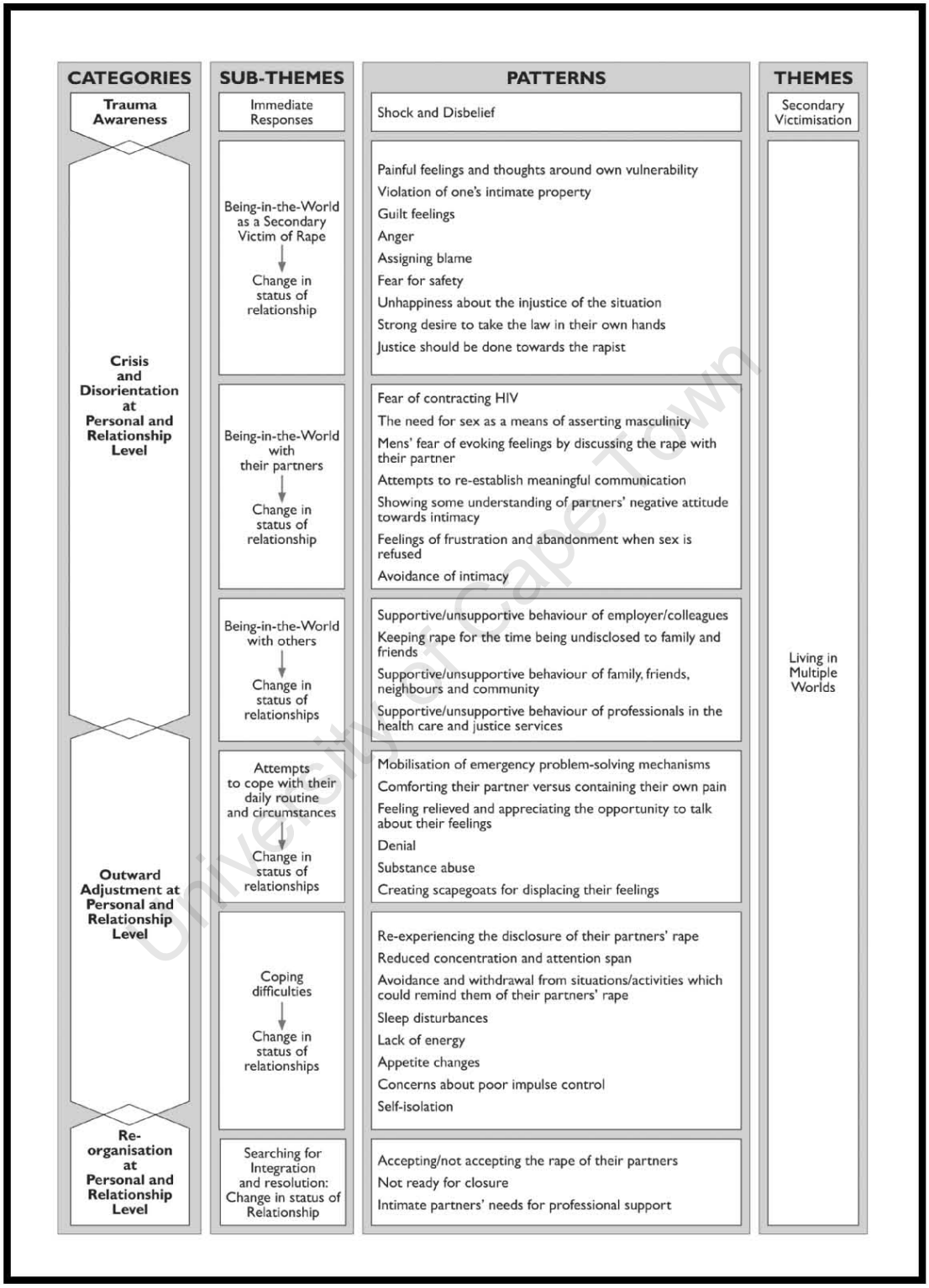

Figure 4: Thematic structure of the lived experiences of intimate partners of female rape victims during the six months after the rape.

The second format is a figure. Figure 5 illustrates the four progressive stages that participants endured within the six months following the rape of their partners: trauma awareness, crisis and disorientation (personal and relationship level),

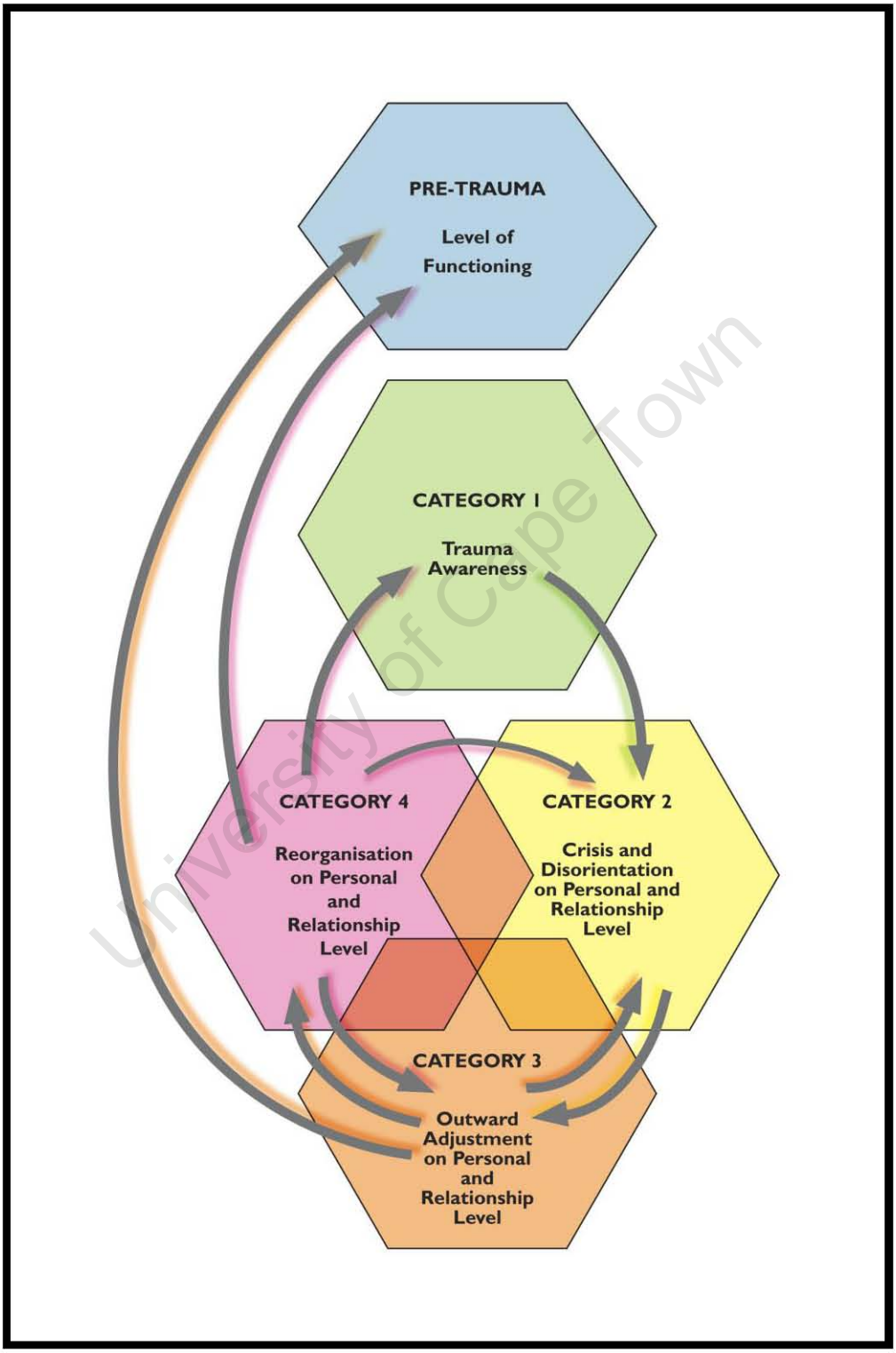

Figure 5: The four progressive stages that intimate partners of female rape victims experience within the six months following the event.

outward adjustment (personal and relationship level) and re-organisation (personal and relationship level).

The third format, Figure 6, illustrates the different circumstances that influenced the lived experience of male intimate partners of female rape victims. Each of the circumstances affected the intimate partners in a different manner within the six months following the rape event. The researcher interpreted and clustered the circumstances as follows:

1. Being-in-the-world as a secondary victim of rape involved the participants' experiences of being traumatised as secondary victims of rape.
2. Being-in-the-world with their partners involved the supportive and non-supportive behaviours of participants' partners.

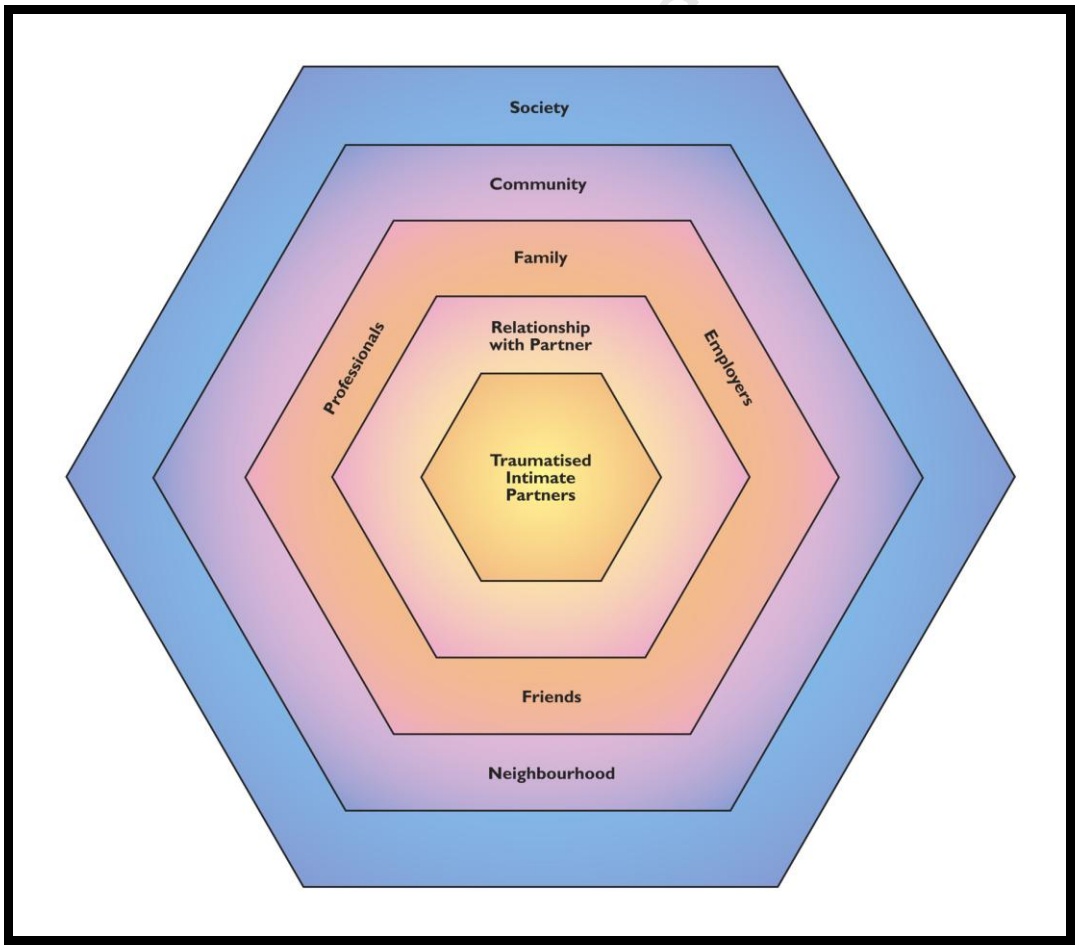

Figure 6: Circumstances that influence the life experiences of intimate partners of female rape victims within the six months following the event.

3. Being-in-the-world with others involved the supportive and non-supportive behaviours of participants' employers, family, friends, society, community, neighbours and service providers such as health-care professionals and the justice system.

Data analysis resulted in four categories, seven sub-themes and two core themes. The two core themes were secondary victimisation and living in multiple worlds. The first category, trauma awareness, included the sub-theme of immediate responses, which links to the first core theme of secondary victimisation. The second, third and fourth categories, crisis and disorientation, outward adjustment and re-organisation, reflected the following sub-themes: being-in-the-world as a secondary victim of rape, being-in-the-world with their female partners, being-in-the-world with others, attempts to cope with their daily routine and circumstances, coping difficulties, integration and resolution. These sub-themes were inter-connected and inter-linked with the second core theme of living in multiple worlds.

6.3.1 Category 1: Trauma Awareness—Theme 1: Secondary Victimisation

Remer (2001:5) explained that once the secondary victim becomes aware of the primary victim's trauma, "it must be faced and addressed so that it becomes part of the schemata of the secondary victim".

Figure 7 illustrates the first category, trauma awareness, in relation to the three other categories.

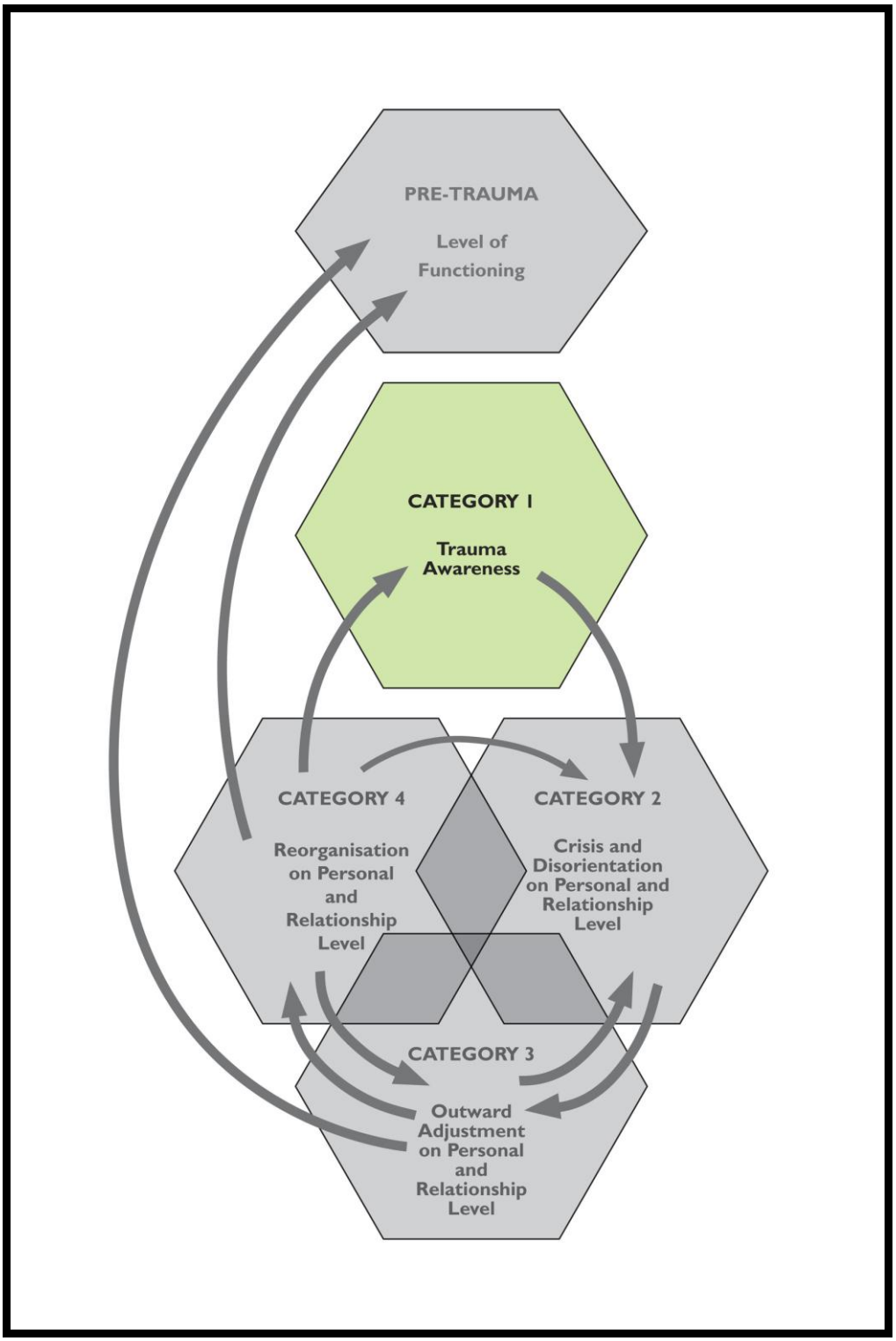

Figure 7: The trauma awareness stage.

6.3.1.1 Theme 1: Secondary victimisation

From the initial interviews, the researcher identified the concept of trauma awareness as central to participants' descriptions of the situation that ensued

after they heard about the rape of their partners. Trauma awareness and its related sub-theme, immediate responses (shock and disbelief), lead to the development of the first theme: secondary victimisation. Immediate responses in this study related to the immediate state of the participants at the exact moment the rape was disclosed to them.

6.3.1.2 Sub-theme: Immediate responses

During the initial interview sessions, when asked what the rape of their partners meant to them, the participants described in detail how they had learned about the rape and recalled their immediate responses. Reactions to the disclosure of the rape included shock and disbelief. Shock refers to an "excessive sudden emotional disturbance, a sudden shaking or jarring as if by a blow or a convulsive excitation of nerves" (Chambers's Twentieth Century Dictionary, 1966:1022) and disbelief is "to believe to be false or to have no faith within" (Chambers's Twentieth Century Dictionary, 1966:298).

- **Shock and disbelief**

The following excerpt comes from the transcript of a participant who witnessed the rape of his partner. His tone of voice further illustrated his responses of shock and disbelief:

> When I returned home from work, I see the door was halfway closed … I saw the one guy is on top of my pregnant girlfriend while the other one was busy undressing … I can still remember my girlfriend looked so helpless while screaming at them to leave her alone … both the guys appeared drunk … when I see this, I felt so powerless … I couldn't move so shocked I was … I couldn't believe they did this to my girlfriend; it is so mean. (Part. 5)

Another participant described, in a visibly distressed manner, his responses of shock and disbelief as follows:

> I started shouting to get help, but nobody [starts crying] wanted to help me to look for her … I was feeling so helpless but start searching myself … when I found her, [fuck!] I could not believe what she told me; I was so frustrated and shocked; I couldn't believe it when she told me that she was raped while I was in the shop. (Part. 6)

At the interview session in the twelfth week, the same participant was the only one to reiterate that even though he could not run away from the reality that his partner was raped, he was still in shock and described his feelings as follows:

I am still furious and shocked. (Part. 6)

6.3.2 Category 2: Crisis and Disorientation—Theme 2: Living in Multiple Worlds

Crisis and disorientation formed the second category identified in the participants' text. Crisis relates to "the decisive moment or turning point" whereas disorientation means "to throw out of one's reckoning" (Chambers's Twentieth Century Dictionary, 1966:250, 303). Although the participants realised the rape was an unexpected event, for the most part, all emphasised the compelling reality that the rape of their partners changed their whole life within seconds and ruined their ideals for the future. Figure 8 shows the second category, crisis and disorientation, in relation to the three other categories.

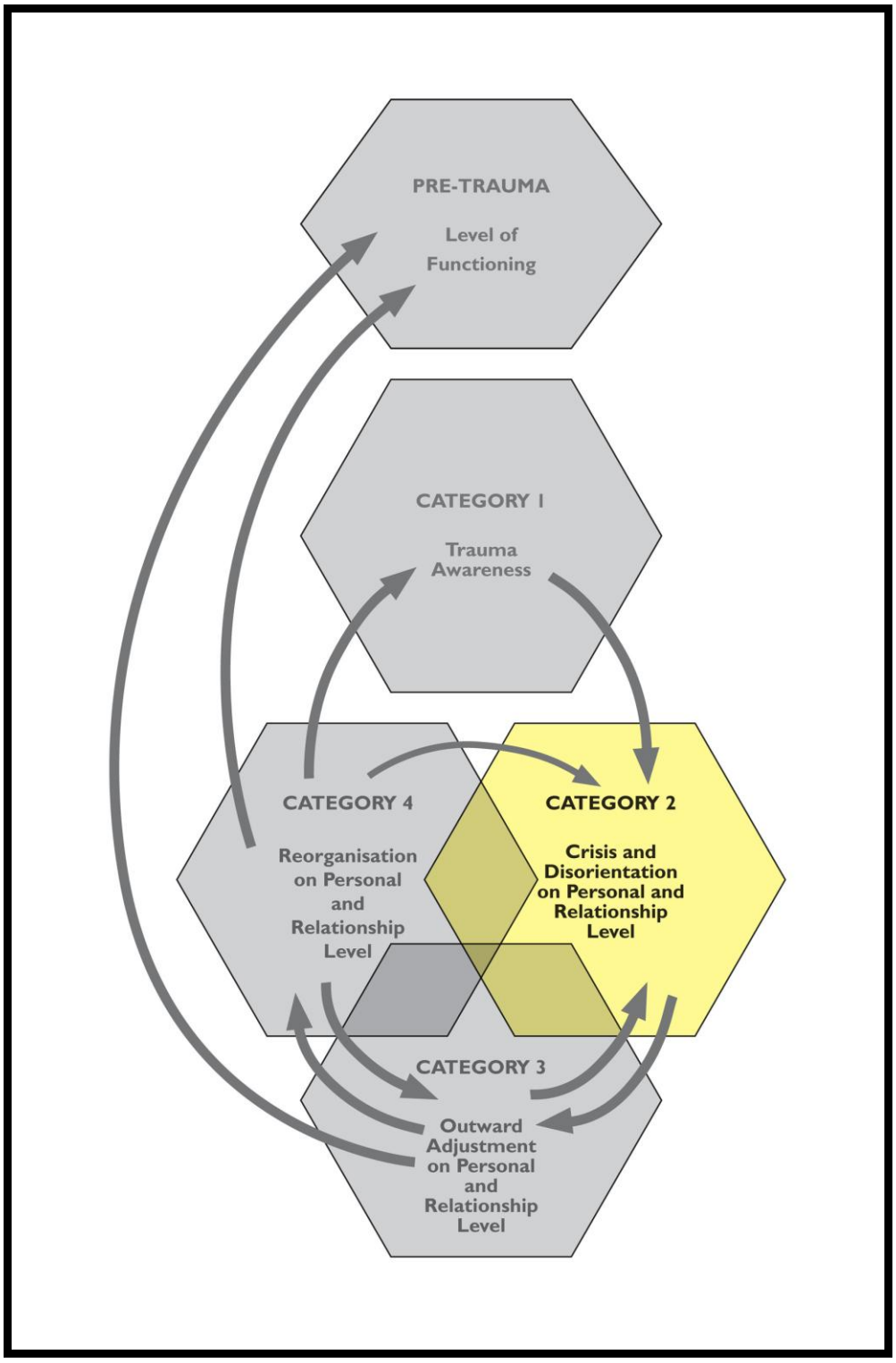

Figure 8: The crisis and disorientation stage.

In this category, three sub-themes were evident: being-in-the-world as secondary victims of rape, being-in-the-world with their partners and being-in-the-world with others. The category and sub-themes lead to the development of the second theme: living in multiple worlds. The phrase *being-in-the-world* reflects

acknowledgement of people's physical ties to their world—how they think, see, feel, hear and are conscious through their bodies' interaction with the world (Polit & Beck, 2004:253).

6.3.2.1 Sub-theme: Being-in-the-world as a secondary victim of rape

At the initial interview sessions, the most salient aspects of this sub-theme were the participants' metaphors of their painful feelings and concerns around their own vulnerability, violation of intimate property, guilt feelings, anger, blame, fear for safety, unhappiness about the injustice of the situation, a strong desire to take the law into their own hands and the need for the rapist to be brought to justice.

- **Painful feelings and thoughts around own vulnerability**

The definition of vulnerability is "capable of being wounded or hurt to feelings" (*Chambers's Twentieth Century Dictionary*, 1966:1242). A state of vulnerability prompts a search for meaning, and as secondary victims of their partners' rape, the participants were desperately trying to make sense of the motive behind the event, as was evident in their descriptions. In essence, the rapist not only hurt their partners' feelings but also their feelings.

One participant described that he felt humiliated about what happened to him and expressed concern about his own vulnerability as follows:

> I felt very hurt because if you want to hurt a man, the only way is to sleep with his wife. So sleeping with my wife without my consent, raping her, it's very hard for one to accept in life, you see; so far, it has changed my life so much because right now I don't have that certainty to see—right now I don't have that manhood, that I am still a man, you see. I don't know how I can explain it, you see. It has changed me so much. (Part. 4)

In the excerpt below, a participant describes with horror his painful feelings and concerns around his own vulnerability:

> It changed everything that we planned. We have been going out for seven years, and we have a nice relationship, and I am looking forward to make her my wife. So what those guys did, actually they put our relationship at risk. (Part. 5)

Another participant appalled by what happened to his partner and their future expressed his feelings as follows:

> The world is screwed, man; I am very angry; they screw up our lives … our lives change in a second … they hurt me too … do they not think about my feelings [sobs]? (Part. 6)

At the interview sessions four weeks after the rape, a number of participants described that they still experienced the same painful thoughts and feelings of disappointment. One such participant remarked the following:

> As I said last time, if they sexually assault my wife, it's just as good as maybe removing my manhood because the only thing you can do to hurt a man is to have sex with his wife. So I'm very hurt. Even now it's four weeks, but it's still like yesterday to me, you see; it's very hard to accept something like this. We always read about it in the newspapers, we hear that somebody is raped—but actually, when it's you the victim now, it's very hard to accept the situation. (Part. 4)

Another participant, still grappling with the reality of what happened to his partner, described how negative he is about his future:

> I don't know how we will ever overcome this thing … so it hurts, you know, it hurts.… So it's not something that I have to accept just easily. (Part. 8)

At the interview sessions 12 and 24 weeks after the rape, a number of participants described that the rape of their partners was still hurting them. One participant expressed himself simply as follows:

> It still hurts me that he raped my wife. (Part. 7)

Another participant, who had trouble coming to terms with what happened to his partner, described the event as an embarrassing experience:

> I'm really, really embarrassed about what happened, and I can't just take that idea of someone else coming and rape my wife—you know, it's very difficult to just accept that. (Part. 8)

- **Violation of one's intimate property**

In the context of this study, *violation* meant "unjustifiable force" (Your dictionary, 2010:1), and from a socio-cultural perspective, *intimate property* referred to the

most intimate aspects of a person, relating to the body or physical being. The participants explained that the rapist's action was distressing and disturbing because the rapist violated their intimate property. A number of participants, when speaking about their partners, referred to *my possession*, *my intimate property* or *my pride*. Participants reported that a person's partner is not something one would willingly share with someone else.

One participant, who described buying his wife (paying lobola, which is a cultural expectation), voiced his anger at how the rapist's compelling and lustful sexual desire violated his intimate property:

> The moment that man raped my wife, he took my pride, which belongs to me … life will never be the same for me and my wife; you see, in our culture, we pay lobola for our wives, so she is mine, and he cannot do that to me. (Part. 1)

Another socio-cultural opinion expressed by a participant was that of truthfulness within a marriage. The participant could not understand that a stranger could be so evil as to impose himself sexually on the participant's wife. The participant felt that, within a few seconds, the rapist had ruined his entire life and described how all the dreams he had for himself and his wife had fallen apart. The participant experienced the rape as a violation of his personal property. His interpretation of the event summarises the general feelings of the participants:

> I am faithful to my partner, and I mean, you know, a married person is thus an engagement; we made vows that we'd be faithful to each other—and then someone just come and take what is mine. (Part. 8)

- **Guilt feelings**

At the initial interview session, some of the participants moved back and forth between feelings of intense guilt and feelings of helplessness because they believed they had neglected their duty to protect their partners. One participant expressed guilt and a sense of helplessness because he had threatened his partner that if she did not come to Cape Town, he would have no choice but to find a new partner. He voiced that he was very disappointed in himself and described his guilt feelings as follows:

> I feel so guilty and blame myself that she was raped here in Cape Town.… If I did not put that much pressure on her, she would still be okay … she does not deserve to be raped, you know; I feel so bad and sorry for her that I was not there to save her out of his claws. (Part. 2)

Another example of guilt feelings was the following:

> I feel guilty that I was not there to protect my child and my girlfriend.… If I was just there, this would not have happened. (Part. 5)

At the interview session 24 weeks after the rape, a participant, who still experienced guilt feelings and a sense of helplessness at being unable to protect his partner, described his feelings:

> When I'm lying in bed, I still think a lot about that evening my girlfriend was raped, and then that guilt feelings just comes. (Part. 6)

- **Anger**

At the initial interview session, the participants' stories and tones of voice reflected their strong feelings of anger towards the rapists, themselves and the South African government. The following extracts illustrate anger towards the rapist:

> I am so angry, if I get him, I will beat him up; I just want to see, man, I feel I want to see these guys who were doing this to her. (Part. 1)

> I just want to kill him; I know I will get crazy if I ever see them, but I am very angry and upset. (Part. 2)

Another participant described in a powerful manner his anger towards the rapist:

> To be honest with you, since that morning that the tsotsis raped my wife, I am very, very angry with them.… I am bitter and beside myself, so angry am I. (Part. 4) [*tsotsis* is a slang term for gangsters]

At the interview session 12 weeks after the rape, most of the participants reported that their inability to forgive the rapist had not changed and expressed their feelings of bitterness towards the government, as illustrated below:

> Why can't the government not do something to protect our wives of being raped here.… We have valid passports … we are not harming anybody. (Part. 3)

Another participant, disgusted with the circumstances in South Africa, expressed his anger in an irritated tone of voice:

> I hate the local Blacks for raping our wives … during the years of apartheid, they came to our countries.… We did not rape their wives … why are they now treating us like this? Yes, we are migrants, or refugees as they call us, but we came here to work because life is very hard in our countries; there are no jobs, and if you not have money, you cannot survive.… The government allowed us here; why do they not protect us from the locals? (Part. 8)

At the interview session 24 weeks after the rape, another participant who was still feeling angry and hostile towards the rapist stated that he had no sympathy for the rapist, irrespective of whether he was under the influence of alcohol:

> I am still very angry with the guys.… I did not change my mind how I am feeling towards them.… I mean, they had no remorse for doing that; they didn't even have the decency to say sorry to her for what they did—because people will blame the alcohol or blame this or whatever, but if you become sober again, then you must have remorse … they didn't. I mean, that would make the whole process much easier. (Part. 9)

- **Assigning blame**

Although none of the participants blamed their partners, in addition to feeling guilty, they blamed themselves and others for what happened. Some participants believed that if the government had demonstrated the political will and put the necessary measures in place to protect foreigners, the rape would not have occurred.

At the initial interview session, one participant expressed self-blaming as follows:

> I do not blame my girlfriend because when that man raped her, she could not argue with him, but I blame myself for leaving her alone in that dangerous area. (Part. 1)

Another participant, while pointing his fingers forcefully towards himself, illustrated self-blaming as follows:

> I blame myself for what have happened to her and feel so guilty towards her family … how will I ever face them in future after what happened to their daughter? (Part. 2)

The following two excerpts further indicate self-blaming:

> Although everybody said it was not my fault, it is my fault; I blame myself and am so disappointed in myself because as her husband, I must be there for her; why did I say I was too tired, why did I not go with her when she asked me to go with her to Nyanga? (Part. 3)

> Yah! I blame myself that I told her that morning of the rape that I can't go with her to Home Affairs … if I was with her, it would not happened. (Part. 4)

A participant exasperated with the circumstances in South Africa blamed the South African government:

> The South African government should take the blame that this happened to her. (Part. 8)

Four weeks after the rape, a participant expressed his self-blame as follows:

> When I think back of what he did to my girlfriend, it pissed me off [sobs uncontrollably]; I blame myself.… I feel part of this because I could have prevented the thing what happened. (Part. 6)

At interview sessions 12 weeks after the rape, two participants declared that they still blamed themselves and described their thoughts as follows:

> When I think about what happening to my wife, then all of a sudden, some anger with myself or blaming myself that I could have avoided it, are still there … even now as we are talking, I think I still blame myself for that. (Part. 3)

> I still blame myself. You know ... I feel I could do more for her to prevent the rape from happening. (Part. 9)

At the interview session 24 weeks after the rape, the participants who had initially blamed the Xhosa people for the rape expressed that they had started to realise that making the generalisation that all Xhosas are bad people was wrong. However, they still blamed all "local" people who raped refugee women, as well as the South African government for the lack of protection they had received.

One of the participants whose partner was raped during the xenophobic crisis now realised that the rape of his partner was not specifically an attack on foreigners but related to the ongoing sexual violence in the country:

> I am not thinking any more that all Xhosas are bad people, but you know, I still blame all locals who raped our wives and the government for what happened to my wife. (Part. 4)

Another participant, who had previously blamed the police for what happened to his partner, described his change in viewpoint as follows:

> I don't blame the police anymore because they don't have even the identikit of the perpetrators. (Part. 8)

- **Fear for safety**

At the initial interview session, all the participants expressed that neither they nor their partners felt safe in their house or environment any longer and were concerned that something could happen to either or both of them. Although all participants indicated that if moving to another area were financially viable, they would not hesitate, only two participants actually managed to find alternative accommodation. A participant described his fear for safety as follows:

> I never feel we are safe now—when we climb into taxi or walk in my area, I am afraid the rapist will come again for my girlfriend. (Part. 1)

Another participant, who exhibited an altered perception of the world as a safe place after the rape, described that the event had restricted his freedom of movement:

> My girlfriend stays with her parents, so I feel she is safe for now while the rapists are in jail, but I am scared if they came out for what they can do to her.… I am not fearful of them, but I mean, I call a rapist a coward, and so a coward can do anything. (Part. 9)

At the fourth-week interview session, three participants described becoming more protective of their partners because of their fear that their partners are not safe. A participant, who had lost trust in men, described his concern around fear for safety as follows:

> I am more aware of our safety, so I make sure that all the doors are locked in the evening because it is not my intention to move away. But when we have to go to a shop, I will never allow my girlfriend to go alone without me accompanying her. (Part. 1)

The remaining examples of fear for safety are apparent in the excerpts below:

> I am still afraid of my wife's safety; therefore, she is not allowed to go out of the house without me accompanying her to the shops or wherever she needs to go. (Part. 7)

> I'm so scared it's going to happen again. Previously, when she worked at 7/11 and I was too tired, if she worked late, I would tell her, "I am tired; you must come home alone". But now, I made it my duty to go and fetch her in the evening. (Part. 3)

At interview sessions 12 weeks after the rape, three participants reported still not trusting men and described their concerns around fear for safety as follows:

> I am always seeing these guys that raped my girlfriend in the location, and as I told you before, I am scared they might come back … we are not safe here. (Part. 5)

> After me and my wife saw them … I have an intense fear that the same thing can happen to my wife while I am at work.… So we moved out of the community because of the xenophobia attack, and since then until now, I'm just living in the camp, and me and my wife don't want to go back to that community because of the fear that the same thing might happen again. (Part. 8)

> For me, my own wife, she's not safe now to walk in the road. If they see her, they look at her, and they are thinking about her, "She was raped". It hurts you because for me people are thinking she's a slut—which is wrong; I do not trust anybody and tell her don't trust a stranger in our house—they can come if I am at home. (Part. 7)

The same participant added the following:

> Since my wife was raped, when I hear a noise outside, I jump up … I am always scared it is someone who wants to hurt her again. (Part. 7)

While the participants felt unsafe in the area in which they lived, one was determined to stay in the country:

> For the first month or two, I did not feel safe here; it was so bad that I wanted to move to Australia although financial constraints has hindered me; that's why I'm trying to cope with the situation here in South Africa, but because of the counselling, and also that where I'm staying now in Summer Greens, I think it's a bit safer—so right now, I don't

> have any plans to move to another country. Also, I have now made friends with local people so much that my feelings towards the local people here are changing, you see, so I cannot just say everyone here is bad, but when she's going out, I have to know where she is and what time she's back.… When she's going out, she really needs my protection. Like at times when I'm not busy, I'll have to accompany her somewhere. (Part. 3)

At the interview sessions 24 weeks after the rape, while most of the participants were still not feeling safe, one participant expressed that he feared less for the safety of his wife:

> I am not worried about my wife's safety anymore.… I know she will not open the door again for others if I am not there. (Part. 7)

- **Unhappiness about the injustice of the situation**

The concept *injustice* means "violation or withholding of another's rights or dues" (Chambers's Twentieth Century Dictionary, 1966:546). At the initial interview sessions, the majority of the participants believed that the rape was an act of violence against their women and narrated how unhappy they were about the injustice of the situation. One of the participants could not understand why the situation had happened to him because his wife is the mother of his children:

> I'm always asking myself why does a stranger force himself onto my wife; she's my two kids' mother … it is cruel … he knows she was not in a position to defend herself. (Part. 3)

Another participant used powerful words to express how he felt about the injustice of the situation:

> I wish I know why these guys raped my girlfriend; I am so angry with them.… It is pointless and cruel to do this to a woman because what happened to her is so disturbing. (Part. 5)

Two other participants, who needed justification for the motive behind the rape of their partners, described their unhappiness about the injustice of the situation in the following manner:

> It's not human to do that … are they normal? What kind of people is doing rape [heaves and sighs]? There are so many sick people in this world, and how can they live amongst other people, normal people, if they are raping innocent women? (Part. 6)

> I feel very angry. To me, it's barbaric what they do to my girlfriend.… I don't blame any person being raped; even if she walks in the street naked or whatever, it doesn't give any person the right to do what they did. (Part. 9)

Three foreign participants articulated their difficulty in understanding why their partners were raped. Their level of vocal expressiveness about the injustice of the situation related in particular to the local Xhosa people, whom they regarded as the perpetrators. One participant stated the following:

> It is a senseless thing what those guys did to her … I try to get answers why did this happen when I was not there … it's cruel! (Part. 3)

Another participant, contemptuous of what happened to his partner, powerfully expressed his unhappiness about the injustice of the situation as follows:

> I cannot think how a man can force himself on a other man's wife; every man or every human can be jealous, and it's legitimate, you know, I must be jealous about my wife. I don't believe that someone will just come and have sex with somebody else's wife by force; he's not just interested in sex, but he wants just make to belittle and to demean someone. It is disgusting ... it is sad that something like this should happen to her. It is cruel. (Part. 8)

Four weeks after the rape, most of the participants had not changed their opinions and described in agitated voices how they were feeling about the injustice of the situation:

> Although it is a month ago, I'm still having that thing, I still have that anger. I don't know how long it will take for me to understand the situation, but I'm still very angry what the locals do to her. (Part. 4)

> I don't know if it's the right word, you know, but it very difficult to accept that my wife was raped. Sometimes I maybe just sit with it—why? Trying to find the answer, I find

> myself thinking, thinking until I find myself in the emptiness; I can't find answers to my questions that I'm asking myself … why are people doing this? Why victimise my wife? Why? … Is it necessary to do such violent acts to any human being? (Part. 8)

While the injustice of the situation and the violence involved was a prominent indicator of some participants' experience of the rape of their partners, by Week 24, almost all realised that the rape of women in South Africa is a daily phenomenon. However, one foreigner was still enraged and expressed that although he knew his partner's rape had occurred during the xenophobic attacks, he was still desperately searching for answers as to why men rape. This participant described his feelings of unhappiness about the injustice of the situation as follows:

> These attacks were perpetrated by the South African local people against foreigners. And the violence that went together with those attacks is because you are not a South African.… If you go into a house and then you rape a woman and say, "You must go back where you come from"—the reason is just because you are a foreigner, and although the same rapes happen in the South African community, what I can't accept is why do men rape? (Part. 4)

- **Strong desire to take the law in their own hands**

During the initial interview session, the majority of the participants described wanting to take the law into their own hands. One participant expressed in an agitated manner how strongly he felt:

> I want to beat him up for what he did to her. (Part. 2)

Another example of a participant's strong desire to take the law into his own hands is evident in the following excerpt:

> I went mad.… I went home and wanted to go and look for this guy she described to me because I want to go kill him for what he did to my girlfriend. (Part. 2)

One participant described how he considered killing the rapist without thinking of the consequences:

> I was so, so angry … while they fought with me, my arm was hurt, and my hand was cut open. They then run away, but I ran after them for about 60 metres. I managed to overpower this one guy and hit him. So, I wanted to kill him that time because I was like

> going to strangle him; then the other one come and hit me with a stick, you see. I was so angry, I wanted him to die at that point of time. Some of the neighbours who saw me strangling this guy came to stop me in time, otherwise I would keep on till he was dead, and while they calmed me, the guys got away.… I am angry that they got away; they should be punished for what they did. (Part. 5)

The same participant added:

> If I saw these guys somewhere else, I must make sure that I kill them, or whatever, because they know that we fight, you see, so I want to make definitely sure that I kill these guys because me, my girlfriend and child are not safe at our house. (Part. 5)

Another participant who considered taking the law into his own hands decided against retaliation out of fear of what the rapist could do to him:

> I just have the feeling deep inside … but no actions, you see, and even if I have the feeling that I want to look for them, you know, this is a very dangerous country, and even if I see them, there is nothing I can do to them; these people are vicious … so the police must search for them and put them in jail. (Part. 4)

A different participant reported his desire to take the law into his own hands in the following manner:

> I was so angry when I heard of the rape that I could kill him, but I went to his house, and when I told his parents what did happen, they told me if I put my hands on him, they're going to put me in jail … so I left everything behind. (Part. 7)

At the interview session 12 weeks after the rape, the same participant realised the probable consequences had he taken the law into his own hands:

> Although after the rape, I wanted to take justice into my own hands, not only for what he did to my wife because he took what is mine … she is my wife for 19 years! Now I realise I was wrong because if I killed the guy, I am also in trouble, but I still feel the law must do something to catch him … if you commit a crime like that, you should be punished for it, you must be punished for it! (Part. 7)

Most of the participants' need to take the law into their own hands had subsided by Week 24. They had initially stated that they were very angry with the rapists but realised now the possible consequences of revenge:

> If I see him now, I will just look at him and pass him—I don't talk with him—but Mrs. van Wijk, that does not mean I do not want that justice must be done. I want the police to put him behind bars because I want that he must feel the pain me and my wife go through … nobody gave him the right to do something like that, so I'm very disappointed in him; he's not my friend anymore. (Part. 7)

Three other participants related the same thought as follows:

> I can't tell you in words how angry I was … in our culture, we beat men up who rape till they die, but I decided against it … my anger is now a little bit better than before.… I promised myself not to do anything to them … otherwise I can go to prison. (Part. 2)

> Although I was bitter towards them, and that time I probably would have taken the law into my own hands … I feel different right now … because I just consider them as some criminals … the anger it's subsided … although I regret that it ever happened. (Part. 3)

> Before, I was very angry and wanted to kill one of those guys, but I realised as the time goes by that it was how I felt that time, and if I should have carried it out, I was going to be arrested. (Part. 5)

- **Justice should be done towards the rapist**

At the initial interview session, almost all the participants expressed that they were upset that rapists thought that they could get away with their crimes:

> I am frustrated and angry that the police did not get these guys and put them behind bars. (Part. 5)

The desire for justice is apparent in the excerpt below:

> I thought, "Let's do it the legal way, and let's go to the Manenberg police station to report the rape" … I just want them to go and get him for raping my girl. (Part. 6)

Other participants also expressed a yearning for justice:

> The police must just catch him and put him away forever. (Part. 8)

> A person who did this to a woman is a coward and should be punished. (Part. 9)

At interview sessions 12 weeks after the rape, a common feeling was that participants still experienced intense frustration with the police's inability to apprehend the rapists. Such frustration is evident in the two excerpts that follow:

> I am angry and frustrated with the police system because they have not yet caught these guys. (Part. 1)
>
> I am still very angry with the police for not doing something … they promised they will come back to our house the day after the rape, but they never came … when I went to the police station, they told me there was no court case because to them there was no evidence and no one who saw the guys … but I've got a thing in my mind something should happen, that they must do something. (Part. 2)

Other examples of the desire for justice include the following:

> I heard the rumours that the police caught the one guy but that he is out on bail.... If I see him, I will do everything to make sure he will die.… I am still as angry as I was on that day the rape happened, and I will not rest until they are punished. (Part. 5)
>
> If those guys were caught and they're in jail, maybe you'll realise that they are being punished for what they did wrong. But right now, they're doing something wrong, and they're just walking freely, so it's hard to accept that. (Part. 4)

One participant, who at his previous interview session was angry that the police had not apprehended the rapist, responded as follows:

> On the one hand, I still feel that the perpetrators should be punished, but on the other hand, I feel maybe it is a good thing the police did not get them, otherwise you have to go through the trauma of the court case and all that stuff again.… Ja … and then that will open up a can of worms. (Part. 3)

At interview sessions 24 weeks after the rape, a few participants were still dissatisfied and frustrated with the justice system because they did not see any progress:

> I just hope the police put them behind bars … they should be punished very hard. (Part. 5)
>
> I still feel justice needs to take place.… In general, I am angry with the justice system in South Africa because of the way they handle things when it comes to rape.… Why are they not doing something to catch culprits who raped women … they do nothing! (Part. 8)

Another participant described his frustration with the government for releasing the rapist from jail:

> I am still feel frustrated at the police … how can they let people like that out and they know for a fact that they're staying near to the victim … why do they not punish them? (Part. 9)

6.3.2.2 Sub-theme: Being-in-the-world with their partners

The patterns related to this sub-theme were linked to the theme of living in multiple worlds and were identified as the meaning the participants attached to their experiences of being-in-the-world with their female partners. Their experiences included the following:

1. Fear of contracting HIV
2. The need for sex as a means of asserting masculinity
3. Men's fear of evoking feelings by discussing the rape with their partners
4. Attempts to re-establish meaningful communication
5. Some understanding of partners' negative attitude towards intimacy
6. Feelings of frustration and abandonment when sex is refused
7. Avoidance of intimacy

All participants, at the initial interview session, stated that before the rape, they had a good relationship with their partners. Consequences of the rape grossly affected their relationships, resulting in communication and relationship difficulties, which in turn affected their sexual relationships. All the factors affected participants' level of functioning and relationships at home, at work and in their social lives.

- **Fear of contracting HIV**

During the initial interview sessions, fear of contracting HIV was evident:

> They pulled her blood, and in that time that she was waiting for the blood results, I told her that we can't have sex because I was very scared that she will get the HIV and also me.… I was thinking of our two children, that their mother can die, and then my wife is dead. (Part. 3)

> The people talk about the disease, especially HIV and AIDS ... what now if my partner has been infected? You know, it's going to affect me for the rest of my life … it's

> something that I have to think about … so the thought of HIV really affects my sex life … in fact, I have no sex life on the moment. (Part. 8)

Four weeks after the rape, two participants described that they still had doubts about contracting HIV:

> Our sex life is bad because I don't want to use a condom any longer, but I still have a fear to get AIDS. (Part. 3)

> We're still using protection … because I know she is my partner, and she knew the same, we didn't use protection before, and although the blood results were negative, we rather want to be safe. (Part. 6)

Another participant explained how his fears of contracting HIV cause friction between him and his partner:

> We try to understand each other, and at the moment, our sex life is slowly becoming a little bit better, but I am still a bit scared because she did tell me last time that she must still go back for her blood results to see if she is infected with the sickness or not … she didn't go and fetch it up till now … and this causes sometimes friction between us. (Part. 7)

During previous interview sessions, only one participant was very agitated because he had to use a condom. In the Week 12 interview, the participant had changed his attitude as follows:

> If I just think of that, I am so bitter and angry. In that time, I felt very distant from her because I have to use a condom, but I was thinking if it is the best for me and for her, then I will do so. (Part. 3)

- **The need for sex as a means of asserting masculinity**

While some participants during the initial interview sessions expressed that their partners refused sex, others described that although they have a fear of contracting HIV, having physical contact and an active sex life shortly after the rape was important for them as men. The participants believed that sex enhanced their relationships. One participant reported that he and his partner have a mutual understanding of each other's sexual needs, which helps him deal with his circumstances:

> Although I am afraid of getting HIV, we use a condom for our own protection, but nothing have changed between me and her; there is no difference in our sex life after the rape … both of us think of each other and show that we have a need for sex … as it was all the time of our life together. (Part. 4)

Other examples of a need for sex as a means of asserting masculinity are evident in the following excerpts:

> Since my wife was raped, both of us have a desire for sex, and although I used a condom, I just tell her, "I am your husband", and we hug and kiss each other, and both of us enjoy it. (Part. 3)

> To me, our sexual life did not change so far … I still love my girlfriend, and we have sex as before … because she is the mother of my child, so we had a very good relationship, and although I am very scared of the HIV illness, it did not affect our relationship … most of the time, we are using the condom. (Part. 5)

One participant who could not accept that his sex life had changed explained that the lack of sex between him and his partner frustrates him:

> I crave doing sex … things that I have before … in fact, there is now nothing between us … which I cannot accepted any longer. (Part. 8)

During interview sessions 12 weeks after the rape, two participants expressed that although they had some understanding that their partners were upset by the rape and did not desire sex, they hoped that their partners would show some understanding for their emotional needs. They believed that such an understanding would eventually lead to sexual intercourse. The participants added that as men they need the same physical contact and intimacy as before the rape event that tore them apart:

> I want that our sex life must get stronger, and our communication with each other must be the same as before the rape took place. (Part. 2)

One participant indicated how his partner's lack of understanding and negative attitude towards sex were affecting him:

> You know, when you don't have a sexual appetite, penetration is always difficult … does she not think that I also have needs? Her attitude discourages me to ask her for sex … this is not a good sign for our marriage and future; it is very sad and disappointing to me…. So things like that affect me … I can say that it's important to have sex … that's

> the expression of love, and now it's me asking for sex once per month.… I am so worried that if we are not having sex, it will separate us. (Part. 8)

- **Men's fear of evoking feelings by discussing the rape with their partner**

Because a disturbance in communication between participants and their partners was evident after the rape, some participants, at the Week 12 interview sessions, admitted that they preferred to avoid any conversations about the rape with their partners for fear of evoking unpleasant feelings between them. The participants added that another reason for avoiding discussion of the rape was that they were unsure of how to approach their partners and of what to say. Some feared that talking about the rape could worsen their relationship, as illustrated in the following excerpt:

> My communication with my wife regarding this issue, I think we don't talk about it. I think it is my fault; I am just safeguarding her for her own interest because I wouldn't want her to reflect on the issue again, but on the other hand, it is more harmful for our relationship, and if we want to both get over it, we will have to talk about it, but I think also we are both scared of how and what to say to each other. (Part. 3)

Another participant commented that being unsure of his partner's reaction was preventing him from moving on with his life:

> I rather keep quiet because I am not sure how she will react.… I rather struggle on my own, which is no good for me. (Part. 1)

One participant reported that although a slight improvement in communication between him and his partner was apparent, he preferred to omit the event from their conversations, fearing that the topic might evoke feelings in both of them about the rape:

> Although my girlfriend is in the Eastern Cape with her parents to help her with the babies, we communicate each day, but we don't even go so far as to discuss the rape because it's going to be like now … I am afraid I will go back to that thing where I wasn't feeling well, but sometimes we can tell each other how we are feeling … it was not like this till two months ago. (Part. 2)

Another participant specified that his partner's behaviour was irritating him and that, together with his alcohol problem, the lack of communication was preventing him from progressing with his life:

> Because she was pregnant and not feeling so good, we never had time to talk about the rape … so we leave the issue of the rape out of our conversations. I also don't know her feelings yet … so both of us are not okay … and my heavy drinking since the rape added stress in our relationship, which caused so much conflict between us … and because of all these, both of us are not moving on with our lives. (Part. 5)

The majority of the participants described, 24 weeks after the rape, that they had noticed some improvement in their communication with their partners, as illustrated in the two excerpts below:

> Like I said earlier on, if she is not okay, I just tell her to like forget what happened to her, and forgive, and just try to get on with her life. And also because we talk now how we feel after the rape, we support each other.… I think me and she's coping quite well. (Part. 3)

> I love her very much, she's my wife ... in the beginning, as I told you, she felt like a stranger to me, but now, I'm start talking to her about the rape, and she talks to me.… I tell her, don't worry … if the case is in the law's hand, you don't have to worry. (Part. 7)

- **Attempts to re-establish meaningful communication**

At the initial interview sessions, a universal feeling amongst the participants was that, due to their partners' unexpected behavioural changes after the rape, the communication between the participants and their partners had become distorted. Despite their attempts to re-establish meaningful communication with their partners, they believed their partners' aloofness ruined the relationship, leaving them feeling divided and abandoned. One participant recounted a negative experience of his attempts to re-establish meaningful communication with his partner:

> Me and my wife can't talk about the rape without arguing about it … because when I start talking to her about how the rape affected both our lives and marriage, the one moment, she start to cry, the other moment, she is so agitated and accuse me that I don't care about how she is feeling and that I don't know what she is going through. (Part. 4)

Another participant described that, despite his attempts to re-establish meaningful communication, the relationship and communication had become poor:

> After the rape, my relationship with my wife changed immediately … we hardly communicate with each other nowadays. Although I would like to discuss with her about how I am feeling and also other things, such as the rape, she then suddenly changes and is more quiet. (Part. 8)

Four weeks after the rape, the majority of the participants noted that the relationship and communication with their partners were still unbearable and described that their partners' unpredictable mood swings hindered any of their attempts to re-establish meaningful communication. The sentiment is clear in the following two excerpts:

> We do not talk that much about the rape because every time we do, she is not feeling well.… I try my best to tell her that I understand what she is going through and that it is not her fault, but although I try my best to comfort her, she still blames herself and doesn't want to talk further about the rape; in fact, we have not talked about it not for more than a week … and sometimes it's just a simple argument, or her mood which has changed all of a sudden, and she don't even know how this is hurting me ... in fact, since the last time that I saw you, me and my girlfriend have broken up twice already. So the stress that she's going through means I have to just maintain her feelings, or respect her feelings, and just try to be there for her—but a lot of times, it becomes a bit difficult. (Part. 9)

> At times I feel better, but there came times that I want to talk to my wife about how I feel about her being raped, but then she is very agitated and tells me to stop nagging around her about how I am feeling … she told me she is the one who is depressed and should complain; she also accuse me of not supporting her … but how can I support her if she does not want to listen to me about how I am feeling; I also need her support and love. (Part. 1)

Another participant who related a similar experience emphasised that the indifference of his partner had a serious impact on him and their relationship. He described his experiences in the following manner:

> I can't actually speak to her about my emotions and her rape because it's heavy emotions that comes out at that moment … she argues with me, and then she just wants to go home or something; although I know what happened to her was cruel and

> wrong … she now just looks for anything to argue with me, and I'm not handling the situation right; in fact … I'm not handling it at all! It is disgusting how she treats me after I am going out of my way to be there for her … she does not understand that I feel already guilty for not taking her with me into the shop … so if she behave now like this, how will I ever get over all these feelings of blaming myself for her rape? (Part. 6)

At the interview sessions 12 weeks after the rape, a few participants reported that, with the passage of time, their communication with their partners was improving to the point that they were able to discuss issues around the rape. Two examples follow:

> I see that things start to become better between me and my partner and that our lives became more stabilised. Although we go through a tough time, both of us have grown from our experiences … she helped me to cope after her rape, and I think it is because we have such a good relationship where we can talk to each other about what have happened. (Part. 3)

> It was very difficult because at times you could not even understand what to say to her … right now we are in a moment where we can also discuss some issues in our life … it seems as if it's coming to normal now—because I'm starting also to realise that she wasn't a problem actually, and, um, and we even at times, at home, we joke about things the normal way we used to before. (Part. 4)

At the interview session 24 weeks after the rape, the same participant stated that his attempts to re-establish some meaningful communication had failed, which resulted in him starting to avoid discussing the rape:

> Now, there is a really big change in our relationship … me and my wife never talk about the rape anymore because I don't know what she is going through, and I am afraid I can say something wrong, which will upset her more; that is why I rather try to avoid the issue because every time I start talking about it, it is more like you are opening old wounds; then my wife is agitated and walks away or changes the topic because she feels not to talk to me about it … I'm now too afraid to start to talk about the rape ... now I rather keep quiet.… I am too afraid that I can say something wrong, which will upset her more … and this result in that we both keep quiet, which is really uncomfortable and upsetting, and this is unhealthy for both of us … maybe I must just wait for her to start to talk about it. (Part. 4)

Talking about the rape was a strategy that a participant adopted to re-establish meaningful communication, as evident in the following excerpt:

> Our relationship is very good now; we talk to each other about what have happened; now we understand each other because for some months after her rape, she don't want to answer me if I ask her something like having sex, but now she talks to me … I live on quite well now with my wife … we enjoy our marriage now again. (Part. 7)

Other participants stated that although their relationships were still disturbed to some extent, they managed to re-establish meaningful communication. One participant shared that communication with his wife had improved and that both of them were now able to talk to each other about the rape without losing their tempers:

> I must say, since our last interview, there is an improvement between us; I do not feel so far from her; the communication between me and my wife have much improved. (Part. 8)

- **Showing some understanding of partners' negative attitude towards intimacy**

While some participants at the initial interview sessions stated that they were uncertain of exactly what their partners were experiencing, by the fourth week after the rape, they described that although they had a strong sexual desire towards their partners, they had some understanding that their partners were not feeling well every day. For example, one participant expressed that, although he had to negotiate with his partner for sex, he respected his partner's wishes if she did not feel ready to have sexual intercourse:

> Our sexual relationship is very much affected, but although I have a desire for sex, I first have to ask her if she's okay; if she's not feeling up to it … I tell her I would understand. And although the rape will be on my mind all the time [crying], I will also sacrifice; I will do everything what I must because I feel it's my duty to ask her how she feels about it. (Part. 6)

Another participant explained that although he tried to show some understanding for his partner's situation, he could not accept her aloofness towards him:

> As her husband, I try so hard now not to be too hard with her to insist on sex … but one thing I cannot accept is that she is so cold towards me … but then I also realise that you can't force your partner in such a situation. (Part. 8)

- **Feelings of frustration and abandonment when sex is refused**

While some participants initially described that they had some understanding of their partners' avoidance of sex, four weeks after the rape, due to their partners' mood changes, the majority of participants reported that their intimate life had tapered off drastically, which was emotionally draining them. Participants who still had minimal sexual interactions with their partners expressed that if they did have sex, it was repulsive and talked openly about how their partners' negative remarks and lethargic attitudes towards intimacy were a disappointing and frightening experience. The following excerpt, from a participant whose partner declined to have sexual intercourse, summarises the negative experience as reported by the majority of the participants:

> After the rape, her personality changed … she is cold and does not want to be touched; if I talk to her about it, she gets angry and ignores me … it makes me so frustrated to get on without sex. (Part. 2)

Another participant explained how his partner's negative attitude towards sex and her fear of being touched concerned him in terms of their future:

> For two weeks we have not done sex because my girlfriend is afraid to be touched and just give me a blind eye … I can take anything but that she refuses that we have sex … make me frustrated, and it is not good for our future. (Part. 1)

Two participants specified that a lack of sexual activity and their partners' unwillingness to try to restore their sexual life were a disturbing experience. One of the participants reported the following continuous frustrations and obstructions that affected his relationship with his partner:

> From a few days ago, she don't want anything to do with our sexual life; she has so many excuses and said she is too scared for it … sex let her think of the day she was raped … although I try to understand that the incident is still fresh in her mind, I don't know how I can explain to her that she must accept and forget about the rape.… I mean, I try so hard to make peace with it … why can she also not try to do the same

> because the thing that hurts me the most is that she disrespect my sexual needs … it's very disturbing to me to not have sex with my wife … it's very, very disturbing! (Part. 4)

A participant's explanation of how his partner's negative attitude towards sex caused tension between them follows:

> "Although you are not feeling for sex, do you not understand my needs and so on?" ... The way she treated me makes me so agitated and sexually frustrated … but the consequences of the that rape is the cause of the problems between us is ... she is associating sex with violence … so there's no kissing, there's no more hugging … you know, if she sleep this side, I look that side … that it is not well, and it cause tension between us … if she just want to go for some counselling where they can teach her how to accept the fact that she was raped and to move on with her life. (Part. 8)

The same participant observed that despite his attempts to restore their sex life, his wife had no sexual desire. He described his negative experience around their intimate life as follows:

> Even if I refrain myself from embarrassing her about sex … sometimes I do ask … and then after lots of begging from my side, we have sex, but she just do it but doesn't feel or enjoy anything … this is not how I know my wife. (Part. 8)

At the interview session 12 weeks after the rape, the same participant reported that because his wife withheld sex, he and his wife occasionally argued over nothing:

> When it comes to the point where I ask her for sex, she get very cross, and then I say to her, I am tired of those excuses to avoid having sex. That's why I say those problems will be for a long time, if not permanent with us, you know; it's for a long time … I can't go on any longer; I cannot see that I can have sex with my wife ever again after someone else put his penis into her … I just sleep without touching her, and sometimes I sleep in another room.… It's changed the foundation of my marriage permanently … but my faith as a Christian is what still keeps me with her. (Part. 8)

Another participant had a similar negative experience related to his intimate life and explained his frustration as follows:

> I try my best to comfort her … but then again, there are times when she doesn't want sex or that I must come near her, so I feel very distant, which was not like that before the rape. (Part. 9)

Eight of the nine participants previously unambiguously affirmed that in spite of their sexual frustration, they never had the desire to start another sexual affair and wanted to remain in the relationship with their partners. One participant expressed that even though he had occasionally wanted to take another sexual partner, he decided against the idea. The stories of the whole group, however, amply illustrated how the aftermath of rape negatively affects both the relationship and communication. The two excerpts below illustrate the effects:

> I sometimes feel like having another relationship, but I also think that it's not safe because it's going to bring all the other disease, maybe sexual disease to me and her, so I am actually not considering of having another relationship … but my girlfriend is not interested in any sex now. This is why I at times think of getting someone else. (Part. 5)

> To me, a relationship is not just about sex, right.… I can abstain for months or for years without sex; I don't mind … that's not the issue for me. But when me and my girlfriend went into a relationship, there was trust, and the communication was there … so now there is basically nothing … then I rather keep quiet and stay later at work to avoid her because I do not know how to handle her … because nothing that I am doing seems right in her eyes. (Part. 9)

While these participants described a decline in their sexual relationships, a few other participants, 12 weeks after the rape, were able to tell of some positive changes and were optimistic that their sex life was improving:

> We both forget the rape now, so, ja, there are no bad things between me and my woman. (Part. 1)

> Our sexual life is like a bumpy ride: it's getting there; we're going up the hill again … at first, she wasn't like comfortable me seeing her naked … now it's getting how it was before she was raped because we're not thinking of that anymore now; we're just looking to the future … every time when we are down, I hold her while telling her that we're not making him part of our life.… I told her if we're going to think of him all the time, he's going to be part of our life. (Part. 6)

Two other participants noted that professional intervention had contributed to a change in their sexual life:

> After we went Rape Crisis, we started working on our sex life, and now it is nearly the same as how it always was before. (Part. 1)

> After the counselling, my sexual relationship is going on quite well now. Me and my wife now understand each other. And if I talk to her, she doesn't talk about that situation anymore. I'm telling her, no, don't talk about him and don't think about it … if I am trying to live with you, I want to have sex with you … forget that now. (Part. 7)

One participant, previously unsure of how to approach his partner sexually, reported at the interview session 24 weeks after the rape that his sexual relationship was back to normal:

> We've gotten back to normal with our sex life, and she is pregnant now. (Part. 4)

Another participant expressed that, although the rape still affected his sex life, a gradual improvement was apparent:

> I told myself that I am not going to push her to have sex … after she was raped, we have sex maybe about once a month, whereas before the rape, we had weekly sex … but I am also afraid she might feel rejected … I don't know what will be the best for us both. (Part. 5)

While these participants experienced some improvement in their sexual lives, another participant described that since his previous interview, although the communication between him and his wife had developed, no improvement was clear in his intimate life:

> Before she was raped, I used to feel my wife touching me, saying she wants sex, and then we enjoyed it … but in the months after the rape until now, she is not feeling anything, no sexual desires, no touching, no hugs … always complaining about pain. (Part. 8)

- **Avoidance of intimacy**

At the interview sessions 12 weeks after the rape, some participants related that although they had a desire for sex, they still felt insecure and cautious about touching their partners because they believed their partners deliberately excluded them. A few participants claimed that their partners did not make any attempts to stimulate them at all, so the participants rather avoided asking their partners for sex. The sentiment is apparent in the excerpt below:

> I am very afraid of how to approach her ... I do not know if she wants sex. I want to approach her, and I want to kiss her; I want to hug her, but I'm so afraid she will not

> want it ... so I'm still a very afraid of how to handle the situation … then I rather leave her without asking for sex. (Part. 2)

Another participant explained that despite having no desire to have sex with his wife because of her negativity and angry outbursts, he would never show her that he is sexually frustrated:

> Although I feel sexually frustrated, I do not feel comfortable to ask for sex … because she is not the same person I know like before … this is upsetting and breaks my heart … that's why I rather sexually avoid her and rather sit up till late in the evening to watch TV so that she can't see how I am feeling inside. (Part. 7)

6.3.2.3 Sub-theme 3: Being-in-the-world with others

Being-in-the-world with others included employers and colleagues, family, friends and professionals. Similar to the finding related to support from their partners, support from employers, colleagues, family, friends and others was a contributing factor in the participants moving forward with their lives and relationships. Unsupportive behaviour resulted in the participants moving backwards and forwards through the different progressive stages after the rape. The patterns linked to this sub-theme included the following:

1. Supportive/unsupportive behaviour of employer/colleagues towards intimate partners' circumstances
2. Keeping the rape from family and friends for the time being
3. Supportive/unsupportive behaviour of family and friends
4. Supportive/unsupportive behaviour of professionals

- **Being with employers and colleagues: Supportive/unsupportive behaviour**

While some participants described their employers as supportive, others believed that they did not have a good relationship with their employers. At the initial interview session, a participant noted that the caring attitude of his employer towards his circumstances made life easier for him:

> I must say, my supervisor and me had a good relationship, and last week, he called me into his office, telling me that he can see there is something wrong with me ... after I told him about my girlfriend's rape, he has been worried about me. (Part. 2)

Another participant commented as follows on the support he received from his employer:

> At least I have a good relationship with my boss … he understands, and so I told him that there is something that has happened to my girlfriend … the boss was comforting me and telling me also that everything's going to be okay and said I must go to the doctor.… I am able to speak to him, and he will listen to me when I want to talk about my problems at work … but I am not talking to my colleagues about it. (Part. 5)

Supportive behaviour of an employer had a positive influence on a participant who had worked at the same company for 35 years:

> In the first few days, I was scared to talk to my colleagues at work, but now, I'm usually talking to them about the rape, and they're talking to me … also if it gets dark, I can ask anyone of them to go home earlier because I can't leave my wife late at night anymore; I can't … then they understand and let me go immediately. (Part. 7)

One employer's attitude stopped a participant from confiding in him:

> He can see I am not right, but he kept on telling me my work is not right, but he is not the type of boss a person can go to with your personal problems. (Part. 1)

Another participant felt that because his employer is a work-orientated person, he would not have time to listen to his employees' personal difficulties. The participant explained as follows:

> I cannot actually talk to my boss … he's always a busy man, and you see, it's not very easy to approach him and tell him that's the situation … he never listens to us workers … we must do our job, but I'll try to fight the stigma on my own. (Part. 4)

Another participant described the unsupportive behaviour of his employer and colleagues as follows:

> When I think of the rape episode at work, I just isolate myself, be in my store, doing my thing … and then the other people will notice and say … "Hey, today you are not yourself; what is the problem?" But I do not trust them; that is why I will never, never discuss the rape of my wife with them.… I try to side step this topic because it is still too painful … and they make funny jokes of the fact that I am so quiet … and because I am

> now very sensitive, their jokes make me agitated, and this causes conflict between us. (Part. 8)

Four weeks after the rape, a participant who had previously described his employer as being supportive now had a different opinion:

> Although the boss is sometimes supportive and telling me that I am one of his good guys, he is so work-orientated that he will not allow me to go to the clinic for help … he said I must try not to think so much of what have happened. (Part. 5)

At interview sessions 12 and 24 weeks after the rape, two participants expressed that they still experienced a lack of support at work and narrated their negative experiences as follows:

> I still haven't told the boss what is wrong with me, and he keeps on ignoring me, in spite of the fact that he can see I am agitated about everything. (Part. 9)

> In the beginning, I thought my boss is caring, but because of his culture, he actually doesn't care what's happening with his workers … all he is interested in is that the workers are there to work … so I didn't feel like explaining the rape of my girlfriend further with him. (Part. 5)

Although Participant 5 was referred to a mental-health facility for help with his disturbed sleep patterns and frequent panic attacks, which were affecting his daily functioning at both work and home, his employer was, according to him, insensitive and did not want to give him time off work to attend the clinic. With the participant's consent, the researcher contacted the employer who eventually agreed to give the participant time off to attend the clinic.

- **Being with family and friends**

At the initial and Week 12 interview sessions, the researcher probed participants on how the support of others had helped them after the rape of their partners. The general feeling was that, although they needed support from their family, they preferred not to visit or talk to their family about the rape, fearing their reactions.

- **Keeping the rape from family, friends, neighbours and the community for the time being**

At the initial interview sessions, while some participants informed their family and friends of the rape, others did not. Not disclosing the rape was an especially prominent choice amongst the refugees who believed that because they had left their countries, they needed to avoid telling family and friends of the event. One participant explained as follows:

> We did not tell our parents, and we will never tell them because we are afraid that they will be angry with us because, you know, I was a soldier in Zimbabwe, and because of the political situation there, we just ran away, so we can't go back there, and we are afraid that they will blame us. But I think that if this happened to her there in Zimbabwe, it maybe would have been a little bit easier because we have more people to support us there. (Part. 3)

Another participant communicated a similar feeling:

> Because we are in a strange country, far from our own people … I do not want our family to know that my wife was raped. (Part. 4)

Another participant who preferred not to talk to others about the rape of his partner made the following statement:

> Although I said to myself I am going to be strong, my friends and family ask me why I am so different the past month; I did not tell them what I am going through … one day I will tell them because sometimes people just look at you in a bad way if you go through something like that … so you can't basically tell everybody. (Part. 9)

At the Week 24 interview sessions, two participants who had continued to keep the rape from their family and friends responded as follows:

> We are very private people, you know; we are not from here. I also don't want to talk to other people because it is very confidential. (Part. 3)

> Our family and most of our friends are in Zimbabwe, and they are not aware of the rape because it's something that me and my wife discussed, and we do not want them to know. (Part. 4)

Another example of the same experience is illustrated below:

> Up till now, we did just keep the rape as a secret … I don't want that we must talk to our family and close friends because I was thinking that if talked about it and they know about it, I feel that it will just maybe stripping her of her dignity because the men did lie with this woman; it's not a nice thing ... so for me, I was thinking that hiding it is just for my wife's dignity and my dignity. (Part. 8)

- **Supportive/unsupportive behaviour of family, friends, neighbours and the community**

At interview sessions 12 weeks after the rape, a few participants described their family and friends as supportive, while others experienced them as unsupportive and lacking understanding. The excerpt below indicates how the support of one participant's friends enhanced his chances of moving forward with his life:

> I will say our friends from Zimbabwe, they have been very supportive, and that helps us a lot to cope and get better the past months. (Part. 3)

Another example of how the support and understanding of family members result in an improvement in their relationship with the participants follows:

> Our family is not so bad anymore; they say they do understand now what we are going through. (Part. 1)

Two other participants, who had formerly experienced a troubled relationship with their neighbours after the rape, now characterised their neighbours as supportive:

> They don't speak about the rape of my partner anymore; they talk now to us in a caring manner … this lets me feel happy. (Part. 1)

> My neighbours do not talk anymore to others about the rape of my wife; they are now supporting us. (Part. 7)

During the Week 24 interview session, a participant described how happy he was with the support he received from his family after he disclosed the rape of his partner. He described his positive experience in the following manner:

> Earlier on I was scared to go anywhere beside my work because a lot of people know that your partner was raped, but from December, my wife and me started to go out again; we visit our family in Atlantis ... we are not longer worried about what other people say and think of us … we want to face the world again because we put the rape behind us, and after we told them, they were more understanding. (Part. 7)

In the absence of positive support from family members and friends, one participant received support from his young children. He described that their support "keeps him going", which made him more determined to move on with his life:

> Only my young two daughters know about what I am going through … I decided to tell them because they asked me questions like why am I different as previously.… I can't hide it from them because they stay with me, and they will always give me a hug if they see I am not okay, so this is the only support I get, and without this, I would not have managed to cope so far. (Part. 9)

While the above participants described their family and friends as being supportive after the disclosure, other participants were less fortunate, experiencing their family and friends as being insensitive and unsupportive. One participant expressed that he was disappointed in his neighbours because of their lack of understanding and perceived them as insensitive to his circumstances:

> I am not feeling okay because after the rape, my partner became the topic of conversation among the neighbours; they are talking and make jokes about the rape, and although they pretend they want to be there for us … it is not that they really care about us; they are just interested on what's happening between me and my girlfriend. (Part. 5)

One participant cited the blaming and unsupportive behaviour of parents and family members. The participant expressed that he felt lonely because he was denied the opportunity to experience a sense of belonging to a family with whom he could share his painful feelings. He was convinced that his family's unsupportive behaviour was responsible for reversing the progress he had made:

> My family and her family don't support me at all; they rather blame me for not looking after my girlfriend, which is not good for me … every time I think I am getting better, they accuse me for not looking after their daughter. (Part. 6)

- **Being with professionals (justice and healthcare): Supportive/unsupportive behaviour**

At the initial interview sessions, some of the participants believed that they had not received adequate care from health personnel and expressed that the

professionals left them to battle with their unanswered questions alone. One such participant who felt that the police and nursing staff at the rape centre had neglected him expressed that he was disappointed with their extremely unsupportive behaviour on the day of his partner's rape. He described his negative experience with the professionals as follows:

> By the time I was sitting there and she was in the other room, I thought maybe there will be someone who's going to come and talk to me ... but unfortunately that never happened.... I feel so angry and hurt that nobody at the police station cared about me; they were talking to my girlfriend in their office, and not one of them talked to me. (Part. 2)

Another participant related his negative experience with professionals in the following manner:

> Nobody at the hospital or at the police station asked me how do I feel. Nobody does care about my feeling. (Part. 5)

During an interview session 12 weeks after the rape, one participant noted that the assistance of and interactions with a psychologist had resulted in a positive experience for him and his partner:

> Once my wife carried on complaining … I said to myself, "Okay, let us at least do something … let us go and talk to people … a human-rights commission or something". They referred her to a psychologist, but before that they told her to come and convince me that she must speak about it at home … so she came, and she told me that "Look, it's like this: I did speak to people about this, but they are too afraid to come and talk to you, so I would like you to join me … because we are not finding any solution". So I said, "If you are not happy, not having sex with me, let us maybe find a solution". I say, "Okay, it's fine; let us now go". That's how we started now talking about it to a professional person. (Part. 8)

6.3.3 Category 3: Outward Adjustment at the Personal and Relationship Level

Outward adjustment was the third progressive stage through which the participants moved in an attempt to adapt to their circumstances (see Figure 9). The concept *adjustment* means to regulate or to settle (*Chambers's Twentieth*

Century Dictionary, 1966:12). At the participants' initial and fourth-week interview sessions, a universal feeling was that although they started to acknowledge the rape of their partners as a reality with which they had to deal, the task was not always easy. However, the participants expressed that despite the difficulties, they tried their best to manage their situations.

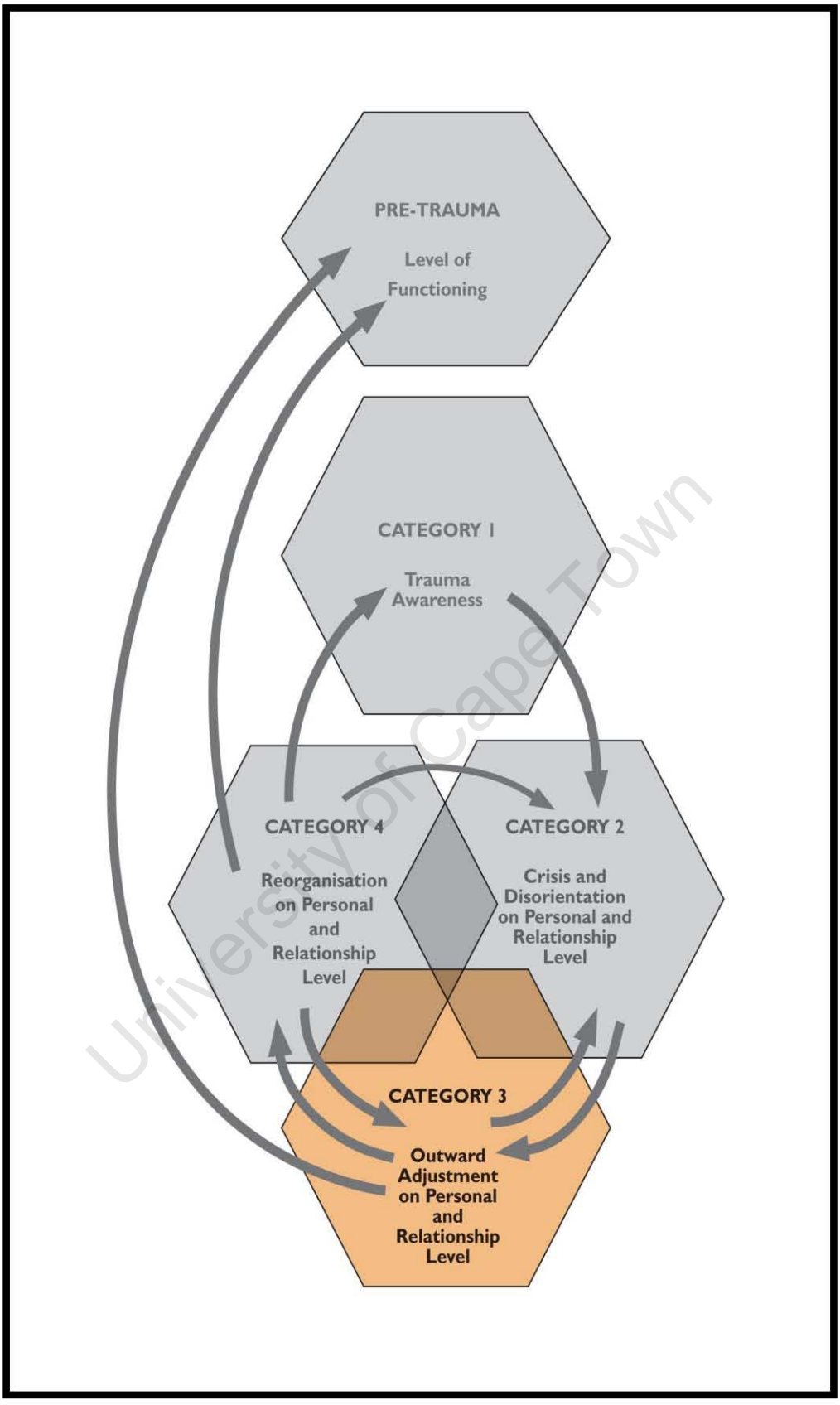

Figure 9: The outward adjustment stage.

6.3.3.1 Sub-theme: Attempts to cope with their daily routine and circumstances

The first sub-theme apparent in the outward adjustment category was attempts to cope with their daily routine and circumstances. From this sub-theme, which relates to the theme of living in multiple worlds, certain patterns reflected the experiences of all the participants. The patterns included mobilisation of emergency problem-solving mechanisms, comforting their partners versus containing their own pain, feeling relieved and appreciating the opportunity to talk about their feelings, denial, substance abuse and creating scapegoats for displacing their feelings.

- **Mobilisation of emergency problem-solving mechanisms**

Mobilisation of emergency problem-solving mechanisms was evident during interview sessions four weeks after the rape:

> When I am at work and things get too much for me, I take a walk, just so that I can forget the rape and how I am feeling because I found that if I think too much of it, it affects my work. (Part. 9)

Another example of mobilisation of emergency problem-solving mechanisms follows:

> I first used to cry a lot, like tears will just roll, but I'm fighting. I'm not fighting the feeling; I'm just trying to tell myself, "Okay, it wasn't my fault" … and it helps a little.… When things got too tough for me, I wrote my thoughts down on paper as if I am talking to you because this let me feel less stressed out. (Part. 6) [See Appendix O for participants' letters.]

- **Comforting their partners versus containing their own pain**

The concept of comforting their partners versus containing their own pain involves the participants attempting to make up for a personal weakness by exerting extra effort to overcome the weakness (Uys & Middleton, 2004:24). The majority of the participants believed that their masculine role meant that they had to be strong and be there for their partners, which according to them implied that they were not supposed to bother their partners with how they were feeling. Most participants referred to dividing their efforts between hiding their painful feelings

and appearing tough in front of their partners. The participants used the strategy of comforting their partners versus containing their own pain in an attempt to deal with their circumstances.

At the initial interview session, a tearful participant described how he comforted his partner and contained his own pain:

> Although it is hard to oppress my own emotions, I had to be strong because I had to care for my girlfriend; she is pregnant with our babies and is going in two weeks to Somerset Hospital to give birth … but Evalina, I cry too every day because she and I are not okay, but I will not cry in front of her. I don't know what is going on in her head and what she will think of me if I must cry in front of her … if I just know what exactly to do for her if she is crying, I can support her better. (Part. 2)

Another participant described his experience of comforting his partner versus containing his own pain as follows:

> When I see she is worried and stressed out because she is afraid I will leave her after what happened to her. Although I am still having that feeling of killing the guys who raped her, I'm the one now who's always comforting her … no matter what will happen in the future, I'm not going to leave her; I will always be there for her and to protect her. (Part. 5)

One participant preferred to put his own needs and feelings aside to be there for his partner:

> For the first few days after she was raped, I couldn't sleep. I sleep maybe an hour, two hours, and then I'm awake again, and although that evening comes and goes into my mind, which drives me mad, I will never tell her the exact reason I can't sleep.… I will tell her it is because I am worried and concerned about her and want to see if she's okay, whether she needs anything.… I can't break down in front of her because I'm supposed to be her strength … I have to make her feel safe when she's with me [crying]. (Part. 6)

In the following excerpt, a participant describes how comforting his partner versus containing his own pain had a negative effect on him:

> I find myself sometimes crying. I'm so worried, and it makes me very anxious. When I sit down or supporting her, I always asked myself why they must do this to the person I

> love … also I feel although I try my best to support her, I am not giving her my best because I can't always deal with my own anger, but I must be strong for her. (Part. 3)

Another participant expressed a similar experience:

> I can't talk to her how I am feeling … she is crying all the time … then I am there for her and just tell her, "I am your husband". When she's moody and asked me what is wrong with me, I will always say to her, "I'm just struggling because I do not know how it is feels to be raped", so I cannot think what she is going through, so it makes it very difficult to support her … I kept my feelings for myself. (Part. 3)

Four weeks after the rape, participants continued to comfort their partners and contain their own pain:

> I'm thinking still a lot about it, but it's a little bit better than before. I promised myself not to be far from them, and although I struggle to get through the day, I told my girlfriend I will support her and the babies. I just try to focus, and I will never give up. (Part. 2)

> I have to remind myself of what she went through and not show her how I am feeling. (Part. 9)

One participant explained that he would rather suffer in silence because his responsibility as a man was to support his partner:

> You understand, I feel sorry for her … also when she gets angry of what have happened to her, I must try not to get angry too … I must pretend I am okay … this make me look okay and happy in her eyes because I will never look sad in front of her because I am afraid that this might upset her more. That is why I try very hard to hide my feelings so that she can't see there is something bothering me. (Part. 1)

Another participant related to the experience as follows:

> If I see that my girlfriend is crying and not feeling nice, I try to talk about something else … I have just to talk to her nicely to her … I don't want that she must find out how I am feeling. (Part. 2)

Another participant who was suffering in secret described comforting his partner versus containing his own pain as follows:

> You see, it is very harsh for a man to cry and have tears because men must be strong and should not cry … that is why I rather put my own emotions aside and try my best to support my wife … but still I have the pain deep inside. (Part. 4)

- **Feeling relieved and appreciating the opportunity to talk about their feelings**

At the initial interview session, a participant declared that although he wanted to talk about his feelings, he still felt too traumatised:

> There's so many things I want to ask you, Sister, but at the moment, I'm too angry and bitter to talk about it ... sorry that I never asked questions or told you everything, but for the moment, I am too angry to talk about the whole thing … but I've got a lot of questions, but it's my first interview, and maybe I'll feel better next time to tell you the truth how I am really feeling. (Part. 4)

At the next interview session, four weeks after the rape, the same participant expressed how he appreciated the opportunity to talk about his feelings:

> Although I do understand now that the rape of my partner is just another crime in this country, I'm rather keeping everything for myself; you see, I cannot talk to others how I am feeling, but after talking to you, I feel a little bit relieved … maybe it's only for this time; maybe when I go out, I'm not feeling so comfortable again ... now at least I've got some person to talk about it, you see, to talk about the issue … so maybe for the next six months, maybe this will help me. I'm feeling a little bit better because at least I've got someone to talk to. I want to thank you because it's through people like you that we need to try to bring a change in our country and in Africa … so that we can know how you should deal with your feelings. (Part. 4)

Another participant reported that participating in the study gave him the opportunity to talk about his feelings, which left him relieved. He described his appreciation in the following manner:

> I was so lucky to have met a person who I can talk to … if I think of what happened to me, it can also happen to other people, and if there is not a person like you, they will then never have an opportunity to talk to somebody … especially males don't feel like they can carry on with their partners because I tell my friend I am not always sure how to handle my girlfriend if she get the bad dreams and unexpected anger outbursts. (Part. 2)

For one participant, whose family had not responded to his cry for support, the relief from the opportunity to express his feelings was evident:

> The first interview was very good … it took a lot of stress off my back because I had no one else to share this with.… I pleaded with them to support me because I am very emotional after my girlfriend's rape, but they totally ignored me … now is the time I need

their support.… I think this is a good thing you are doing because a person like me feels more freely to speak about it to a person like you. (Part. 6)

Another participant used talking about his experiences and feelings as a mechanism to reduce his stress:

I think the interview helped me quite well because, like I said earlier on, I had no one to talk to. And during the interview, I had to say out things that I felt, things straight from my heart. So after the interview, I felt quite better. And right now, it seems I am coping with the situation.… I'd like to thank you for the support that you gave me the first day ... that gave me such an encouragement and strength … that's why I feel what I feel right now; I think it's because of that. (Part. 3)

At interview sessions 12 weeks after the rape, participants still felt relieved and appreciated the opportunity to talk:

You know, I'm a very private person.… So, ja, I'm very glad that I can sit now and talk to you … if it wasn't for you, maybe then we would have been divorced by now … and it's not as easy as that to tell anybody or even your best friend that your wife has been sexually abused.… I don't know how I will cope if I can't talk to you … each time after I talked to you, I move to another phase. (Part. 3)

It is amazing the way I'm talking now to you … even when I'm looking at you, I am not that shy as before … ever since I come and talk to you, I was so happy … I am more confident … out of our conversation what I have learned is that if someone speaks out what is inside of him, you see, he can have less stress … it helped me a lot, and I can say from the first interview, after I talked of everything that was worrying me, helped me … but some days, it become very difficult out there on my own. (Part. 2)

Another example of feeling relieved and appreciating the opportunity to talk follows:

Mrs. van Wijk, you did help me a lot … I think that if I haven't met you, nobody would have helped me. Even the police didn't help me. You're the only person who did help me … and I am very glad. (Part. 7)

Two participants described their appreciation of the support and chance to talk about their experiences in the following manner:

Before I come here, I was very nervous, but now after talking to you, I feel so much calmer because I know there is somebody I can talk my heart out … the more I am talking to you make me feel better. (Part. 4)

> I'm so thankful that I can talk to you … now I feel okay because at least you are there for me, and also now I could talk to my girlfriend and explain to her that I get the support I need … every time you talk to me, I feel better ... but after a day, I again find it difficult to cope on my own … my drinking became a big problem between us, and my girlfriend complain a lot about it. I tried to stop because she said it makes things between us worse. (Part. 5)

When Participant 5 acknowledged that he had trouble coping on his own, the researcher referred him, with his permission, to a mental-health facility for further support (see Appendix K). Afterwards, he successfully completed his follow-up interviews.

The final interview transcripts (24 weeks after the rape) reflected the positive effects participants ascribed to their involvement in the study. Three examples follow:

> I would say what helped me to be here is that since the first interview, I could let out everything that I want to let out … at least I had someone to talk to, you see, asking questions that gave me a better platform so that I can recover. (Part. 3)

> Sadly, there is not even a single place where you can go as a man where someone is going to pay attention to you the manner you did. (Part. 8)

> From the day when I started talking to you, a sort of a relationship between you and me is that when things get too much for me … I was talking to you nearly every day as if you were there. (Part. 4)

Another participant described the support he experienced throughout the interviews:

> I believe it's a good thing you were there for me, and also this what you are doing is a very good thing … a lot of people don't know what the boyfriend goes through after a rape, and you allow people like me to talk our hearts out; you were really my anchor I cling to during the past months. (Part. 9)

One participant expressed his gratitude for the opportunity to communicate his feelings as follows:

> The first couple of months, there were a lot of emotions that I was fighting. But after speaking about it to you, I found a place where I can stress relief, man. The stuff I'm

keeping inside, I can get it out so that it don't build up into anger or something that's going to be a disadvantage to me. (Part. 6)

The same participant expressed another benefit of talking about his feelings:

Every time I talk to you, I feel lighter, and I have reason again that I can go forward … sometimes when I'm thinking of you and then I make some notes of my thoughts … there's one of them … I have to thank you, Mrs. van Wijk, for doing this because it really helped me … if we could have two more sessions, I feel it would be even better for me because I don't know what I would done if I didn't have this interaction with somebody and speaking about it … speaking about it helps with someone that understands what you are going through. (Part. 6) [See Appendix O for participants' letters.]

Another participant added the following:

You helped me to forget about the whole issue … that right now I think I can walk on my own two feet … as a result of these interviews, I am feeling recovered. (Part. 7)

One participant related to the experience as follows:

A lot of people don't realise that you as a man also go through pain and hurt, emotional strain, and that you as a man also worry and have stress … although you supported me over these few months … and as you told me in the beginning, the outcome of this study will not benefit me, and although I am grateful for this counselling sessions that I had, it was too short, so basically I can say I'm far from 100%. (Part. 9)

- **Denial**

At his Week 4 interview session, a participant illustrated denial by explaining in a shaky voice that he would rather put up a front so that others could not see how the rape of his partner had really affected him:

If I'm not in this session, I have to tell myself I must be strong … don't show my emotions, how I feel about this, what happened to her … then I make like nothing happened [crying]. And that's wrong because others doesn't know how I am feeling. (Part. 6)

Another example of denial is evident in the following excerpt:

I still try to hide my emotions and feelings I have when I met you … I try not to think about it because I do not want to think of it … but I am sure it is not something I can just forget. (Part. 2)

At the interview session 12 weeks after the rape, the same participant was pre-occupied with guilt and blamed himself for not having protected his girlfriend. He appeared agitated and restless and explained that he had lost weight since his previous interview. After the researcher suggested he needed help, he responded with an inappropriate smile as follows:

> I am fine; when I feel like this, I take a walk and said to myself, "Tomorrow, things will get better". (Part. 2)

- **Substance abuse**

During the initial interview session, a participant who smelled of alcohol explained that drinking helped him cope with his circumstances:

> This thing that my neighbour raped my wife … I thought he is my friend; I can't handle it … to forget my stress, I start drinking more … my wife is not happy with my drinking. (Part. 7)

Another participant described how the use of substances assisted him in coping:

> I am always drinking over weekends, and although I am a strong person, since my girlfriend was raped, I drink every day to forget what have happened to her. (Part. 2)

Other examples of an increase in substance abuse appear below:

> I've indulged into maybe drinking every day, which is the thing which I wasn't doing.… I'm saying to myself, "Maybe if I drink, I'll try to forget". (Part. 4)

> I always use alcohol over weekends, but since the rape, I smoke 20 cigarettes a day and drink heavily to forget the bad experience of the rape because things then can go away when I am drunk. (Part. 5)

> Years back, I used cocaine, but before the rape of my girlfriend, I only smoke cigarettes and occasionally use alcohol, but nowadays, I smoke weed to calm my body and to relax me, and ja … I smoke weed because it help me to forget and kills the pain I go through. (Part. 6)

During the Week 4 interview session, a participant, who had previously smelled of alcohol during an interview, had realised that his drinking was becoming problematic because the behaviour resulted in absenteeism from work, which could have serious implications for his future:

> Now my future now is going to stand still, you see … then I told myself, "Okay, let me stop this drinking problem I'm having" … you see, while I stay away from work for a week after it happened, I drank the whole week I was sitting there. (Part. 2)

Another participant described a similar experience:

> To forget that day of the rape, I drink much more than before, but I decided to stop drinking because it affects my work and my marriage. (Part. 7)

At his Week 12 interview session, a participant, who had previously commented that his drinking was becoming problematic and affecting his relationship, stated the following:

> I am not a regular drinker, but in the two previous months, I started drinking on my own because I thought it would help me forget and to deal better with my stress about the things that have happened … and also because I was feeling lonely, but the past month, I realise it was not a good thing … so I am only drink a beer some weekends because if I am under the influence of alcohol, I cannot be a good father for my children. (Part. 2)

At interview sessions 24 weeks after the rape, two participants voiced that their habit of using substances to cope with their circumstances had negatively affected them over the past six months:

> The first three months after she was raped, I drink a lot, but because my girlfriend was complaining, I stopped, and since then, our communication is better because I realised that if I drink so much, and I think of the rape, I could do or say something that I didn't mean to. (Part. 5)

> After the rape, I start drinking ciders to forget, but then from this event, I went from bad to worse and drink more and more … and then I'm thinking more about all these things that happened to me and her … to some extent, it not only ruined my relationship with my girlfriend and daughters, but also it drained me emotionally … and if you drink, you have to give out finance … money that I do not have… so financially I am in trouble, and this is another stressor in my life [sighing, looking worried and tired, with psychomotor restlessness]. (Part. 9)

- **Creating scapegoats for displacing their painful feelings**

During both the Week 4 and 12 interview sessions, participants described creating scapegoats for displacing their painful feelings as follows:

> I am not coping very well … and at work or when me and my wife walk in the streets, and somebody just looks at me, I get so agitated that I feel if I can assault them. (Part. 1)

> From that time she was raped … when at home or work, I get upset very quickly … at work, I hit a student because he did not want to tell me his name. (Part. 2)

> At work, I become frustrated easily because it's so much like you can't actually talk to anybody about it … so they don't know why I've got this frustration … one minute I'm okay, the next minute I'm biting off somebody's head. (Part. 9)

6.3.3.2 Sub-theme: Coping difficulties on the personal and relationship level

During the initial interview sessions, although the participants were remarkably traumatised, the majority seemed to be managing their personal and relationship functions relatively well. However, despite their desperate attempts to cope with and adjust to the crisis, the metaphors of their subsequent interview sessions reflected that the aftermath of the rape of their partners and the lack of social support (from family, friends at work and professionals) were causing considerable distress. The distress was evident on personal and relationship levels of functioning as well as other important areas of functioning (e.g., occupation). In some areas, the participants coped poorly, whereas in others, they fared better. From this sub-theme, which is related to the category of outward adjustment and the theme of living in multiple worlds, the following patterns reflected the experiences of the whole group of participants: re-experiencing the disclosure of their partners' rape, reduced concentration and attention span, avoidance of situations/activities that could remind them of the rape, sleep disturbances, lack of energy, appetite changes, concerns about poor impulse control and self-isolation.

- **Re-experiencing the disclosure of their partners' rape**

At interview sessions four weeks after the rape, re-experiencing the disclosure of their partners' rape was a prominent complaint among participants:

> I struggled to fall asleep, and then in the middle of night, I woke up with a bad dream of that day when my girlfriend was raped ... these ugly dreams are about how she struggled while he raped her; it is upsetting, and it drains me so much. (Part. 1)

> When I am sleeping, I suddenly wake up after having the most ugliest dream and could visualise how my girlfriend was screaming and fighting for her life. (Part. 2)

Another participant explained how re-experiencing the disclosure of his partner's rape was preventing him from moving on with his life:

> I found it difficult to sleep because I get flashbacks of that phone call five o'clock in the morning; this is very much distressing for me…. And then I try to calm myself down by saying to myself that I just hope the police find them … then when I eventually fell asleep, … I wake up around two o'clock again with bad dreams.… When I then lie in my bed looking at her, I cannot stop thinking that they raped her. (Part. 4)

One participant shared his experience of re-experiencing the disclosure of his partner's rape in the following manner:

> While I lie awake in the night, the whole ordeal of the telephone call of my wife that was raped and how I felt so helpless for not being able to be with her … it plays constantly like a movie in front of me. (Part. 3)

Another participant explained his feelings as follows:

> I am scared of coming home from work because when I go into the house and see that room, I have flashbacks of the rape of my girlfriend. (Part. 5)

The same participant stated the following:

> While I am sleeping, I get terrible dreams of how I stand helpless on the other side of the door while the two guys raped my girlfriend … I can't sleep okay! (Part. 5)

At the interview session 12 weeks after the rape, one participant narrated re-experiencing the disclosure of his partner's rape as follows:

> For the first few days after the rape, I had nightmares and dreamt about the rape but in a different way as now … now I dream that someone is trying to rape her but didn't succeed … because that's what I wish, you understand, that's what I wish, and that's

> what I dream … an attempt at rape that didn't succeed: maybe someone is telling me, "Your wife is lucky; she wasn't raped" … because that's the message I want to hear. And then when I wake up in the morning to find out, no, no, it's the opposite to what happened. (Part. 8)

One participant noted how talking about the event reminded him of the disclosure of the rape:

> I don't know how to get rid of these thoughts … at the moment, even here where I am sitting talking to you, all these bad memories come and go in my head … as I talk to you, the picture of that morning is in front of my face. (Part. 1)

The excerpts below show how two participants reported that talking about the event had reversed all the progress they had made so far:

> When I start talking to you, it felt like the day of the rape of my wife … everything plays off over and over in front of me … but I am sure this will go away with time. (Part. 4)

> I try very, very hard to forget the thing that happened to my girlfriend, but every time that I talk to you brings this whole thing back; every time I talk to you, it feels as if it happened yesterday … but I want to talk about it … it helps me to get more clarity about certain things I do not understand. (Part. 6)

At another level of recollection, a participant described how his friends' conversations about his wife's rape each time brought back memories that he was trying hard to forget:

> Sometimes we get friends visiting us who are talking about it, and that hurts me; also I talk to people late yesterday; they come here; they talk about it, and it make me very angry. (Part. 7)

Another participant, after hearing of the release of his partner's rapists from jail, started to experience panic attacks every time he heard about a rapist who was out on bail:

> I blame the government for releasing the guys … every time I hear that they sent a rapist out on bail, I get anxiety attacks.… I sweat, and my heart pump very fast … they are criminals, and how can they walk outside in the community? How many other women will be targets for them? … I can't help to think about that. (Part. 9)

Another example of re-experiencing the disclosure of a partner's rape appears below:

> I prefer to talk about anything else but about her being raped because the moment people start talking about what happened to us, it cause so much pain … just thinking back of that day … it brings the whole episode back in my thoughts. (Part. 9)

Other participants recounted that they were concerned about the effects the traumatic recollections linked to the rape of their partners were having on their work performance, as illustrated below:

> At work, although I hide my feelings from others, whatever I am busy with, the bad memories of that day she was raped come up in my head … then I struggle to think straight … and my boss called me in to say that my work is not up to standard, but I am too ashamed to tell him what happened to me … when this happens … I feel I want to scream… just to get rid of it … but I can't because then people will know something is wrong with me. (Part. 2)

Another example of how traumatic recollections linked to the rape were affecting a participant's functioning appears below:

> Since my girlfriend was raped, her shouting is constantly coming up in my head, and specifically when I see her suffering with her emotions, the whole rape episode plays over and over in front of my face. (Part. 6)

At the Week 12 interview session, a participant stated that although he still re-experienced the disclosure of his partner's rape now and then, the traumatic recollections were subsiding:

> I still get flashbacks and strange dreams about that day my girlfriend told me she was raped, but it is lesser than before … some days I still continuously think of it. (Part. 9)

At the Week 24 interview session, the same participant reported that his nightmares were still bothering him:

> Frequently in the middle of the night, I wake up from nightmares.… In my dreams, I clearly could hear my girlfriend's voice, screaming for help, and when I am awake, I can't fall asleep again because I am scared and feel very anxious. (Part. 9)

Another participant narrated how reading a newspaper that included sexual violence matters triggered recollection of the disclosure of his partner's rape:

> I thought that I have put the rape of my wife behind me … but now I wouldn't say totally because when I read the newspaper or see adverts or something that reminds me of that, I get tearful because to have visions about the whole issue again is not nice … when I get those visions, I feel some anger but just for that particular time … not as during the days after the rape … and because right now I've learned to cope with it, I just brush it aside, you see. (Part. 3)

One participant reported how watching movies reminded him of the rape of his partner:

> At times when I watch movies … sometimes if there is something in the movie, which is related to what happened to my girlfriend … I get flashbacks of that evening. (Part. 6)

- **Reduced concentration and attention span**

Four weeks after the rape, participants reported reduced concentration and attention span:

> Sometimes when I think a lot about the rape, I do not concentrate as usual … then I don't do my work right. (Part. 1)

> I went back to work, but ja, it's hard after my girlfriend was raped.… I struggle to do my job; my concentration is bad because my mind is not on the job, and because of this, I make careless mistakes, and I forget to do important things at work.… You know, when I am doing the night shift, I must do night rounds twice around the building and then write the time in a book.… I feel so bad because it happened three times in a row now that I really completely forgot to do it.… I do not concentrate on what I am supposed to do … after the last time, I was called in by my supervisors, and they give me a warning. (Part. 2)

One participant was clearly concerned about his reduced concentration and its effect on his work performance:

> I'm very scared that I make a mistake at work; that's why I'm very concerned about my concentration because when I'm at work, I am so scared that it happens to her again. (Part. 3)

Other examples follow of how reduced concentration and attention span resulted in a decline in participants' work performance:

> I now make lots of mistakes at work because I find it hard to concentrate, and then my boss will say, "You usually didn't do these silly mistakes, but these days you are doing the job as if you don't care about it". (Part. 4)

> I sleep very little at night, so I'm not concentrating on my job as before. (Part. 7)

> At work, I think the whole time about the safety of my girlfriend and my children … it makes it very difficult for me to concentrate, and the standard of my work is not the way it's supposed to be … when I go to do something then afterwards I have to re-think what I was supposed to do … it makes me very tired … it takes longer now to finish my job, and I make mistakes.… Because of all this, I was called in by my boss and reprimanded for my poor work performance and demoted to do another job to see if I'm still productive for the company. I felt aggressive and just wanted to leave the job because my bosses never asked my opinion before doing this. (Part. 9)

While Participant 9 was telling his story, his behaviour and psychomotor activity were congruent with his subjective responses. With his consent, the researcher referred him to a mental-health facility for treatment (see Appendix K).

At interview sessions 12 weeks after the rape, two participants reported that their concentration and attention span had improved:

> During the first days, it used to affect my work because I was thinking about it all the time.… I was doing my work absentmindedly. But as of now that I'm coping well, my concentration is back to normal. (Part. 3)

> Previously, I was slow, and I couldn't keep my mind on my work, but now I am doing well. (Part. 4)

Another participant, however, was less fortunate:

> My concentration is some days better than other days when my concentration is totally down! (Part. 9)

At the Week 24 interview session, the same participant commented that his reduced concentration and attention span still affected his work performance and functioning:

> As I told you before, after the rape, I was not coping very well without your support.… I mean, it's double the effort because you're doing something, then you forget and then you go do something else, and you remember, oh, you must go and do this, which means your work is going down.… For the past month or two, I worked under a new supervisor and some new colleagues … the supervisor called me in to reprimand me about my performance at work and also she told me that she can see something is bothering me. (Part. 9)

Participant 9 appeared tired, had dark circles under his eyes, frowned, looked tense and sat with stooped shoulders. Although he was not suicidal, his daily functioning was severely impaired due to his inability to cope, both personally and within his relationship. The researcher suggested that he go back to the mental-health facility for treatment, which he did.

- **Avoidance of and withdrawal from situations/activities that could remind them of their partners' rape**

Apart from all their other negative experiences, at the Week 4 and 12 interview sessions, two participants described avoidance of situations/activities that could remind them of their partners' rape as follows:

> I regularly enjoy reading the Voice newspaper, but the other evening, I read of a similar thing as what happened to my girlfriend.… I was so anxious because what happened to that girl took me back to that day I got the call that my girlfriend was raped … from that day, I never touch any newspaper. (Part. 1)

> I get so anxious when I see even a newspaper … I also stay away from watching TV because I am too afraid that I will see or hear things again about rape. (Part. 3)

Another participant described his experience of avoiding situations/activities that could remind him of his partner's rape in the following manner:

> From the moment my wife was raped, I do not walk in the same street where she was raped because I did it once, and then within five minutes, the rape came up in my mind … I felt, like, asphyxiated; I feel like I just was going to die, but then slowly it went away. (Part. 8)

- **Sleep disturbances**

At the initial interview session, a participant described his sleep disturbances as follows:

> From that terrible day my girlfriend was raped, I have that fear to go to bed … when I then do, I cannot fell asleep … when it is quiet around me, and I see how she is crying, I feel it is my duty to calm her down … then when I at last fall asleep, I only do so for a short while, and then I can't sleep again. (Part. 1)

The excerpt below reflects another participant's description of sleep disturbances:

> Since that morning my girlfriend was raped, I struggle to fell asleep, and although I am tired, I can't forget what happened her.… Every time I look at her while she is sleeping, I have a anger in me that I can't control because I continuously ask myself: Why did that man rape her? (Part. 2)

Four weeks after the rape, a participant represented his sleep disturbances as follows:

> Although I tell myself that I must sleep because I have to work the next day, I lie awake for hours … since it happened, my wife not wants to sleep in the dark … which makes it very difficult to get enough sleep.... I am now very tired at work every day, and I feel guilty about it because, as I told you earlier, I can't speak to the people at work why I am feeling like this.… Even when I have days off, I have the same problem.… I then just sit and do nothing. This thing of not getting enough sleep makes me very agitated with my wife and children.… I feel so bad about it, but at least I can tell you how I am feeling. (Part. 3)

Another example of sleep disturbances follows:

> Even my employer did notice one day that I'm just working, but I look like someone who is haggard, you know; I don't focus … my employer did report to me about that, not focused and not taking enough rest. That's because I didn't tell them what it's because of … not focusing is really a problem for me now. (Part. 8)

At interview sessions 24 weeks after the rape, while some participants' sleep patterns were back to normal, other participants continued to experience sleep disturbances. Two participants highlighted how their disturbed sleeping patterns affected their level of functioning:

> I sleep, but not well; then when I lie awake, I am still thinking over and over again about the day of my girlfriend's rape.… I still have bad dreams of the rape now and then … some nights I dream of my girlfriend having an affair with another guy and that she is leaving me for that guy … it took me two hours to fell asleep again. (Part. 5)

> It is already six months since that day my wife was raped.… I still struggle to sleep … but for the past two months, I noticed that because I do not sleep as I should, it makes me feeling so tired during the day … especially at work.… I am not coping well. (Part. 8)

Another example of the same experience follows:

> Although you referred me to the day hospital after our last conversation, there was no tablets, and I am so frustrated because there are times … say five of the seven days, I wake up between two and four o'clock in the morning, and although I try all sort of techniques to block the thoughts out of my head … I find myself listening to every sound outside, and sometimes I hear real people's voices outside … which means then I stay awake then for one or two hours more … then eventually I fall asleep.… When I must wake up, then I am tired, then I doze off again and then I have to rush to bath and get myself ready for work. (Part. 9)

Although it was Participant 9's last interview session, the researcher again referred him to the mental-health facility because of his ongoing sleep disturbance.

Two of the participants who reported that their sleeping patterns had improved described their experience as follows:

> I'm sleeping very well; I have come right. (Part. 2)

> I've improved, unlike the first days … you see, the first days, I used to think about it a lot, and then I couldn't sleep … but now I think I have greatly improved. (Part. 3)

- **Lack of energy**

At the interview session four weeks after the rape, a participant stated that his disturbed sleep cycle had resulted in a lack of energy:

> Previously, I enjoyed to go to work, but since it happened, I just stay at home for a couple of days, not only because I am stressed out but also because I am not sleep well … then when I went back to work, I did not do my job that well.… I am so tired that I have no interest and energy to do things anymore. (Part. 2)

Another participant described how a lack of energy affected his level of functioning:

> I must tell you that since she was raped, sometimes I am so tired from the few hours of sleep that I stay more absent from work.… I then pretend I am sick, and it worries me that I can lose my work. (Part. 7)

Although the researcher offered to refer Participant 7 to a mental-health facility for his sleep disturbance, he refused.

Other examples of how a lack of energy affected participants appear below:

> Before the rape, I always do karate practice, but nowadays, I do not have the energy, and I am not interested to do it anymore. (Part. 5)

> At the moment, my lifestyle is very complicated ... before I was jogging, and I enjoyed soccer, and so on … but it's very tense at the moment the way I am just living and working, coming in tired, working very hard trying to forget what happened to my wife. (Part. 8)

At the Week 12 interview session, a participant described that since his energy levels had increased, he had started to resume his daily activities:

> I am doing again my karate, and we go out to visit our friends as before the rape of my girlfriend. (Part. 6)

Another participant had a different experience:

> I am still not in a mood to do anything besides forcing myself to go and work. (Part. 5)

At the Week 24 interview session, the same participant stated the following:

> I know you are going to be disappointed in me, but I did not go back after I was there at the clinic ... and yes, I know, I am not fine; I really can't come over this thing of what happened to me and my girlfriend … but I do not have the energy to go back to that clinic. (Part. 5)

The researcher again encouraged Participant 5 to go for treatment, but he bluntly refused because of his previous negative experience at the mental-health facility. The researcher then referred him to Rape Crisis, and the assigned voluntary counsellor confirmed that he and his partner did attend therapy sessions.

- **Appetite changes**

During an interview session 12 weeks after the rape, one participant confirmed that the trauma had affected his appetite:

> My eating habits are up and down … I don't eat a lot. (Part. 9)

While some of the other participants also experienced loss of appetite, by Week 24, all the participants reported that their appetites were back to normal. One participant elaborated as follows:

> For the first few months when I heard that my wife was raped, my eating pattern was also affected … but when I had my first interview with you, right now I can say I'm trying to accept things, and my appetite is coming back again. (Part. 4)

- **Concerns about poor impulse control**

At the interview sessions four weeks after the rape, most of the participants were concerned about their inability to control themselves. Concerns about poor impulse control are evident in the following excerpts:

> When people I know asked me why am I so different the past two months, I freak out with anger, pointing fingers at them, and although I feel like smacking them, I rather yell at them to leave me alone. (Part. 3)

> You see, most of the times when I think of this rape thing, I get agitated and angry over nothing.… To give you examples … one day I was supposed to put this windscreen into this car, but I broke it before I put it into the car.… I also had an accident … I just saw myself like hitting this car from the back at the stop sign.… This is not how I know myself; I am normally in charge of my emotions, but since the rape, I am a different person. (Part. 5)

One participant was visibly concerned over losing control of his emotions:

> Previously, people always said I am a generous type of person, but now if any person, especially men, look at my girlfriend, if they say a word in a context that doesn't make me feel comfortable ... or what are they thinking of my girlfriend … or what is now on their minds … then I explode and get very upset with them [tearful]. (Part. 6)

The researcher was worried about not only Participant 6's extremely violent feelings and agitated behaviour but also the possible consequences of his threats and the real possibility that he was a danger to himself and others. Therefore, to

protect him and the community, as stipulated in the Mental Health Care Act 17 of 2002 (Robertson, Allwood & Gagiano, 2007:384), the researcher referred him to a mental-health facility for emergency treatment and counselling (see Appendix K). He was admitted to Lentegeur Hospital for two weeks. After his discharge, the participant contacted the researcher to confirm his next interview. Although the participant attended the clinic for his follow-up appointments, from an ethical and research viewpoint, keeping in contact with the participant to determine whether he had complied with his treatment was important. Although the participant successfully completed all the remaining interviews, at the last interview session, the researcher established that although he no longer had thoughts of killing the rapists, his daily functioning and relationship with his partner were poor. Thus, the researcher referred him back to the mental-health facility for further treatment.

At the Week 12 and 24 interview sessions, six of the nine participants reported that they were now more in control of their feelings, while three at the Week 24 interview sessions explained that they still had trouble controlling their feelings:

> I still freak out, shouting and swearing … especially if I meet men who look like the person she described to me who raped her. (Part. 6)

> Currently, I feel I have no control over my life and behaviour … also the fact that most of the people I work with are Xhosas makes me more agitated.… I hate them for raping my wife.… I started drinking more, and although I realise this is wrong of me to handle my emotions this way, I can't help it.… Because of my drinking, I can't fully concentrate on my work; I get quickly agitated with the public and my colleagues for nothing … sometimes it is so bad that I feel like physically attacking them.… Although I have a good boss, he reprimanded me about my poor relationship, poor work performance and high absenteeism the past two months. (Part. 3)

Another participant described similar feelings:

> When the people and on the TV talk about sexual assault cases, I suddenly get so angry and frustrated that I am beside myself.… I am very concerned about this; my mood is an emotional rollercoaster … sometimes my mood is up, and I'm all jolly, and the next time, I'm all down, feeling almost like I can just sink under the ground … and it is bad because I can't control myself ... this is not how I want to be. (Part. 9)

- **Self-isolation**

At the interview session 12 weeks after the rape, a participant expressed that he now preferred to stay at home. He described how he had withdrawn himself from others:

> Although we both are starting to recover, I cannot walk around and meet other guys. If I meet different guys, you see, I start to think about maybe these are the ones … which means my social life is affected … because if something happened, you still have that feeling that maybe it's going to come also for the second time … you never know.… Now I really try by all means to protect her ... so I now rather stay at home. (Part. 4)

Another example of self-isolation was evident in a participant who did not trust his previous friends enough to disclose the rape to them:

> I just go to work and then straight home; I do not mix with the people or visit my friends anymore because in the location where I stay, I still do not trust the people enough to talk to them about the rape. (Part. 2)

Another participant who chose to avoid his friends as a self-protection strategy described self-isolation in the following manner:

> After the rape, both of us prefer to stay at home because we do not want others to know of the rape and to ask us questions … also we are scared of how they might react.… We have lost quite a number of our friends, which limited our chances of communication and socialising with them.… Now both of us live behind our own closed door, each of us with our own thoughts and feelings. (Part. 8)

The Week 24 interview session indicated that another participant had decided to withdraw himself from others because he felt that the rape of his partner had become a public affair:

> Others told me they discuss us.… It hurts us because these rumours have a negative impact on both of us ... we start to withdraw ourselves from them. (Part. 5)

Another example of self-isolation was clear in the case of a participant who stated that although both he and his wife had decided to keep the rape a secret, they started separating themselves from their family and friends out of fear that they would find out about the event. However, the participant acknowledged that the self-isolation had resulted in a lack of support from others:

> Since we stay most of the time at home, it is only me and my wife who support each other. (Part. 8)

6.3.4 Category 4: Re-organisation of Life at the Personal and Relationship Level

The concept *re-organisation* means, "the manner in which anything is re organized" (Chambers's Twentieth Century Dictionary, 1966:754). Although re-organisation can occur at any stage after exposure to a traumatic event, because of each participant's different circumstances, the researcher intentionally placed the stage at this point (see Figure 10).

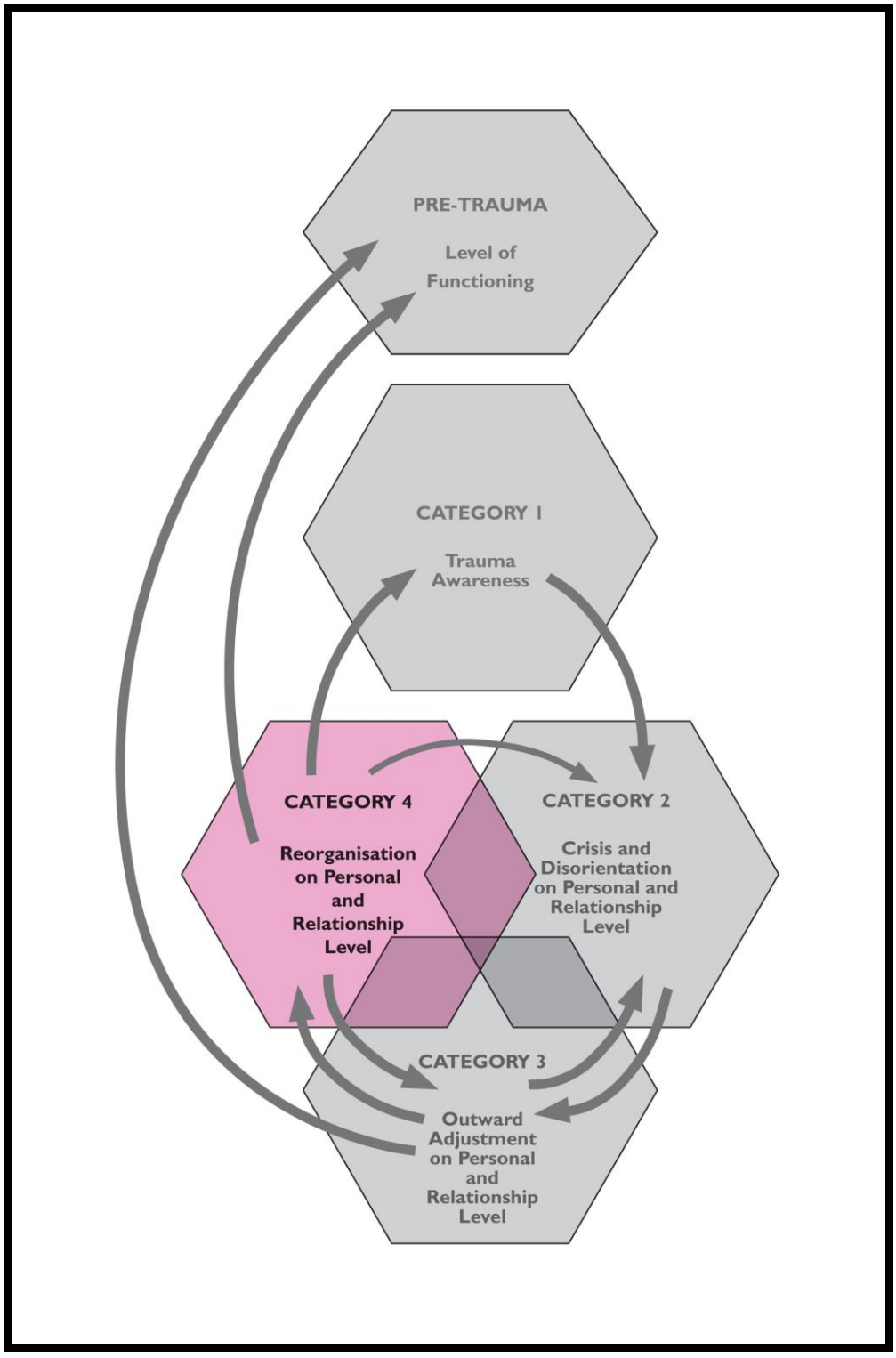

Figure 10: The re-organisation stage.

Despite moving backwards and forwards through the different stages, at the Week 12 and 24 interview sessions, the majority of the participants noted that only after being more in control of their emotions were they able to start re-organising their lives. All the participants were determined to move on with their

lives, yet they realised that they first needed to integrate the event into their lives. Sadly, due to their individual circumstances and coping skills, some participants were not able to maintain control on a personal or relationship level and moved continuously backwards and forwards among the stages.

6.3.4.1 Sub-theme: Searching for integration and resolution

The sub-theme derived from the category of re-organisation was integration and resolution, and the common experiences identified included accepting/not accepting the rape of their partners, not being ready for closure and expressing their need for professional support.

- **Accepting/not accepting the rape of their partners**

During interview sessions 12 weeks after the rape, the majority of the participants noted that although not fully recovered, they felt more in control of themselves and their relationship after they accepted and integrated the rape and the memories thereof into their life experience. In the excerpt below, a participant illustrated how his decision to forgive the rapist assisted him in accepting the rape of his partner:

> I accept what has happened; life must just go on. (Part. 1)

One participant demonstrated how coming to terms with the reality of the rape of his partner helped him to move on with his life:

> I wouldn't say that everything is normal, but everything has improved in some way … somehow I think it's because of time, and also after I start accepting the fact that I can't turn back the clock, reconciliation starts.… Accepting for me was difficult … I only gradually started to accept it after you allowed me to speak to you, and I started to get more insight and to manage to put this whole thing into perspective … and restarted to believe in myself. (Part. 3)

The following statement indicated how a participant's life started changing after he accepted the rape of his partner:

> I think I really started to accept the idea and to understand that my wife was raped when we had our previous interview … that's when things were really starting to change for me. (Part. 4)

Acceptance clearly made one participant more optimistic about his future:

> Both of us talked for the last time about the mad thing … and we are now ready to close this chapter in our lives and to look forward to the future. Both of us are more positive and want to continue our lives with our two children. (Part. 3)

- **Not being ready for closure**

The concept *closure* means to "act to close or draw together" (Chambers's Twentieth Century Dictionary, 1966:199). At the Week 24 interview session, some participants expressed that they were determined to reconcile the event to move on with their lives. However, although the majority of the participants came to terms with the reality of the rape, they were adamant that they were not ready for closure.

For example, one such a participant clarified that although he had developed more tolerance towards others, he believed that he was not at the stage where he could say he had forgotten about everything:

> Now the anger is somewhat subsided; I don't feel that anger that I had towards those guys any more, and I'm beginning to tolerate other people because I realise that I just can't take out my anger on other people who have nothing to do with this whole issue.... Although I want to put this now behind me and move on with my life, I am still not there to just go on as if nothing has happened. (Part. 3)

Another participant further explained his reason for not being ready for closure:

> Now, you see, I've just told myself that I've got nothing to do with them … even in the Bible they said if someone does wrong, just forgive him, but it's God who's going to punish them.… No matter what's going to happen to them, I am not worried, but I forgive them … but some of the things between me and my wife is still not sorted out. (Part. 4)

One participant described that although he had accepted the rape of his partner and tried hard to put the past behind him, he was not at the point where he could say that he felt completely in control of himself and his relationship. Although the participant was not ready for closure, he exhibited a positive outlook:

> At the beginning, it was hard to deal with it, but now I am at a stage that I am telling myself, "No, it has already happened, and it's past" … I must just go on to forget about it, and although I am now trying to look forward … there are still things in my life that are not sorted out. (Part. 5)

Another example of not being ready for closure relates to a participant who realised that if he did not attempt to accept the reality of the rape, he would never improve sufficiently to attain healing:

> It's our fourth interview if I'm correct, and, yes, although my life has changed a lot … I came to a conclusion if I'm going to stay on that feeling, I'm going to get nowhere in life … but I just have to accept the fact that it happened and deal with it … because if I don't … I'm always going to build up stress and anger in my emotions. (Part. 6)

Another participant explained that he felt more in control of himself, but the researcher interpreted his expression of "my life is now slowly going back to normal" as not being ready for closure:

> I'm feeling much, much better … anyway, I'm better now because I have started accepting what has happened to my wife; I see my life is now slowly going back to normal. (Part. 2)

The following excerpt illustrated moving backwards through the different progressive stages. The participant recounted how the termination of his relationship with his partner had hampered his chances of moving on with his life:

> Although I am not doing well, I keep on trying to tell myself to believe in God because he had a plan with everything in life … but after my girlfriend decided to break off our relationship completely, I am back how I was after the rape.… I can't accept that she was raped.… If this did not happen, we will still be together. (Part. 9)

For another participant, acceptance of the rape was impossible. Despite his attempts to make sense of the rape of his partner, he realised that healing would never be permanent:

> Although there was a backwards and forwards for the past few months, one day a few weeks ago, I come to the point where I was busy making sense of everything that happened in my life after my wife's rape … but realised that the healing will never be permanent for certain reasons.… The first one is whenever I remember that someone did this to my wife and that person is still walking free … can I not do something? ... But what refrains me is my identity as a Christian; I know I can't do that … and I must

> acknowledge I am not there where I can say that I can put the whole event entirely behind me. (Part. 8)

- **Expressing their need for professional support**

Throughout the study period, but particularly during the Week 24 interview sessions, a general response was that although participants appreciated the opportunity to participate in the study, they desired inclusion in the same informative and follow-up sessions received by their partners. Intimate partners' need for professional support is evident in the excerpt below:

> I was sometimes so confused and frustrated because I did not know how to help and what to say to my girlfriend if she is not okay.… If I had some information, I would know how to manage the situation. (Part. 1)

Another participant believed that, in future, intimate partners of female rape victims should receive professional support to prevent them from experiencing what he had gone through:

> We, the partners of the rape victim, also need to be supported by the nursing staff because you also have a lot of feelings going round and questions to ask.… They must put us together and talk to us.... I believe the only support she can have is from the boyfriend, you see … if the counselling can start there by the boyfriend because the main thing I think the girlfriend is going to think that, "Hey, maybe now I'm going to lose even my partner, I'm going to lose him". (Part. 2)

One participant raised his need for professional support as follows:

> We don't know really what our partners are going through, how they are feeling, and also, personally, I do not know what should I say or not say to her that can make things worse.… In future, when something like this happens to people like me, it is support we need … we also have some questions that need some answers; we need people who can answer questions. (Part. 3)

Another participant, who was passionate about support being available for both partners, shared his thoughts:

> More counselling and especially emotional support must be available for both partners because that's one of the key factors because both of them are suffering … not just for the one party because it's not just the one party that's going through the hell; it's both parties going through the hell and the frustration. (Part. 9)

The same participant added the following:

> At the rape centres, there must be something in place that can support people like me and my girlfriend together from the beginning … because there's so many suicides, and a lot of suicides are because of nobody that listens to our feelings.… There are also a lot of guys that kill their families because they feel that we've been stereotyped in the fact that men can't talk to anybody or show our feelings. (Part. 9)

Other participants described their motivation for needing professional support as follows:

> There should be counsellors, or whoever, to accommodate not only the affected ones but also the spouses, you see ... because you never know how to deal with the situation and how it will affect your life together. (Part. 4)

> This study did make a difference in our lives.… Sometimes I talk to my girlfriend about you, and say to her, "You know what, I'm just thinking of Evalo". But when I come back from you, she wants to know what did we talk about.… I am very thankful that you are being there for me, but I think it would be better if you could talk to both of us.… In fact, it would be better for us to include the woman's partners from the beginning of these interviews … then both of us can say how we feel and will learn to understand each other better. (Part. 5)

Other participants related similar feelings:

> If a man and his wife do not both get counselling after her rape, the man will take the law in his own hands because at that time you cannot think straight, and also, we don't know what mood changes your wife will have after the rape. (Part. 7)

> If there are meetings for people that go through this type of thing, it will help because then you feel comfortable because it happened to the other people as well, so you will feel open to speak in a crowd [tearful] and hear other people's thoughts and how they're coping. (Part. 6)

6.4 Conclusion

Chapter 6 reflected a description of the participants' lived experiences and the meaning of being-in-the-world as a secondary victim of rape and being-in-the-world with their female partners and others after the rape incident. The chapter further included a focus on how the participants attempted to cope with their

circumstances, the coping difficulties they experienced on the personal and relationship level, their need for professional support and how they decided to re-organise their lives through their desire to move forward with their lives and relationships. Using the plot of the participants' descriptions aided in transforming their lived experiences into a schematic whole, as proposed by Polkinghorne (1988:18-19). Chapter 7 relates to the development of the integrated conceptual framework to conceptualise and discuss the findings.

CHAPTER 7: CONCEPTUAL FRAMEWORK DEVELOPMENT AND DISCUSSION OF FINDINGS

7.1 Introduction

Chapter 7 comprises a presentation and discussion of the findings with a focus on the development of each component of a conceptual framework for understanding the lived experiences of male intimate partners of female rape victims within the six months following the rape. I will conduct the discussion in the first person and support the findings with literature that I found both interesting and illuminating. The primary purpose of the study was to explore, analyse and interpret the lived experiences of the intimate partners as secondary victims of rape and the meaning they attach to such experiences. A secondary purpose was to develop a conceptual model to aid in understanding the phenomenon and to serve as a scientific base for the development of nursing care and support for the secondary victims of rape, particularly intimate partners.

Both Alligood (2002) and Fawcett (1995) expressed concern about nurses' understanding of the development of conceptual frameworks and the lack of evidence of nursing theories occupying their true position as the central tenet of practice (as cited in Timmens & O'Shea, 2003:160). Personal communication with M. Alligood (11 November 2008) revealed the same. I could not find any existing conceptual framework that, from a mental-health nursing perspective, could facilitate the interpretation and organisation of the current findings. Moreover, no previous studies involving systematic exploration of the lived experiences of intimate partners over a period following the rape were evident. Therefore, a novel conceptual framework, grounded in the lived experiences of the intimate partners who participated in the current study, was developed to fill the gaps in the existing knowledge base of the phenomenon of interest.

7.2 Definition of a Conceptual Framework

A framework is an abstract entity that functions as a representation of some system in the world that is of sociological interest (Fararo & Kosaka, 2003:15). From a clinical practice perspective, Kerfoot et al. (2006:20) explained that conceptual frameworks offer nurses a consistent way of delivering care to patients and their families. A framework provides infrastructure for a forward-thinking organisation to decrease variation among nurses in terms of the interventions they choose and ultimately their patient outcomes. Kerfoot et al. (2006:20) proposed that when organisations use conceptual frameworks to guide practice as guardrails, employees become more focused on the core mission of care-giving.

7.2.1 Process of developing the integrated conceptual framework

Earp and Ennett (1991:163) reported that researchers sometimes fail to describe how they developed their conceptual frameworks. Because the concepts in the proposed framework, which reflect the participants' lived experiences, are inter-related and inter-connected, I have termed the structure an *integrated conceptual framework*. The processes adhered to in its development included the following:

1. Data collection involved semi-structured interviews (see Chapter 4).
2. Analysing and summarising the collected data followed. The lived experiences of the intimate partners and the meanings they attached to their experiences directed the interpretive process of their narratives through hermeneutic reasoning and thematic analysis. Analysis resulted in the identification of two themes from which the sub-themes emerged, each with associated patterns, and four categories (see Chapter 5).
3. The thematic structure formed the foundation of the framework. In addition, basic concepts from four models were relevant in structuring the participants' lived experiences to guide further development of the framework. The models were the victim perception-experience model (Janoff-Bulman & Frieze, 1983:1-17, the Stuart stress adaptation model of psychiatric nursing care (Stuart & Laraia, 1998:66), the general systems theory of Talcot Parsons (Karoui, 2010:1; Rawlins, Williams & Beck,

1993:63) and the cognitive model to explain post-traumatic stress (Simmons & Granvold, 2005:290).

4. In February 2010, I shared the preliminary draft of the framework with both my supervisors, with personnel of the three Rape Crisis branches in Cape Town and with Prof. Tracie Harrisson, who is a hermeneutic-phenomenological researcher. Through professional discourse and interaction (e.g., related to which concepts or words should be included in or excluded from the framework), the first draft emerged.
5. I mailed the first draft to the same professionals, collated and discussed the feedback received. Although some minor differences were clear in the professionals' opinions about the format, wording and order of the concepts, we eventually agreed on the structure of the framework. A final draft was prepared.
6. The management structures of Rape Crisis provided further feedback in July 2010 (see Appendix P), stating that they would regard the framework as a useful construct to implement in practice for all secondary victims of rape, irrespective of gender, because the concepts were congruent with what they had found in practice.
7. In September 2010, I was asked to present the findings of the study to the staff of the forensic unit of a mental-health facility. Positive feedback included that the concepts of the framework corresponded to the experiences of their clients who were confined for murdering their partners' rapists (see Appendix P).
8. This draft was then circulated among various academics in the field for comment: Rebecca Campbell, Jacky Campbell, Rory Remer, Zoë Morrisson, Leana Uys, Jean Watson, Jim D' Alfonso, Lynne Wagner, Ann Foss-Durant, Gayle Casterline, Laura Hays, Linda Ryan, Lois Kelly, Max van Manen, the Sexual Assault Research Initiative and other professionals working in the field of sexual assault in different parts of Africa (see Appendix P).
9. The general feedback was that the integrated conceptual framework was easy to understand and interpret and corresponded to what was found in practice. A few suggestions included renaming some concepts in the

second panel from the left (sub-themes), but I did not believe such changes would materially alter the meaning of the concepts. Only a few minor adjustments were made.

10. The managers of the three Rape Crisis organizations in Cape Town indicated that they wanted to adopt the framework for implementation as soon as UCT approved the study. The managers will evaluate and update, where necessary, to incorporate any additional concepts that may emerge through daily practice.
11. The final integrated conceptual framework primarily represents my study findings, though I am grateful for the collective vision and knowledge of the professionals and authors approached for comment. My main aim for the framework was that it would help health-care professionals plan and develop intervention programmes for the care and support of male intimate partners who are secondary victims of their partners' rape.

Figure 11 illustrates the integrated conceptual framework.

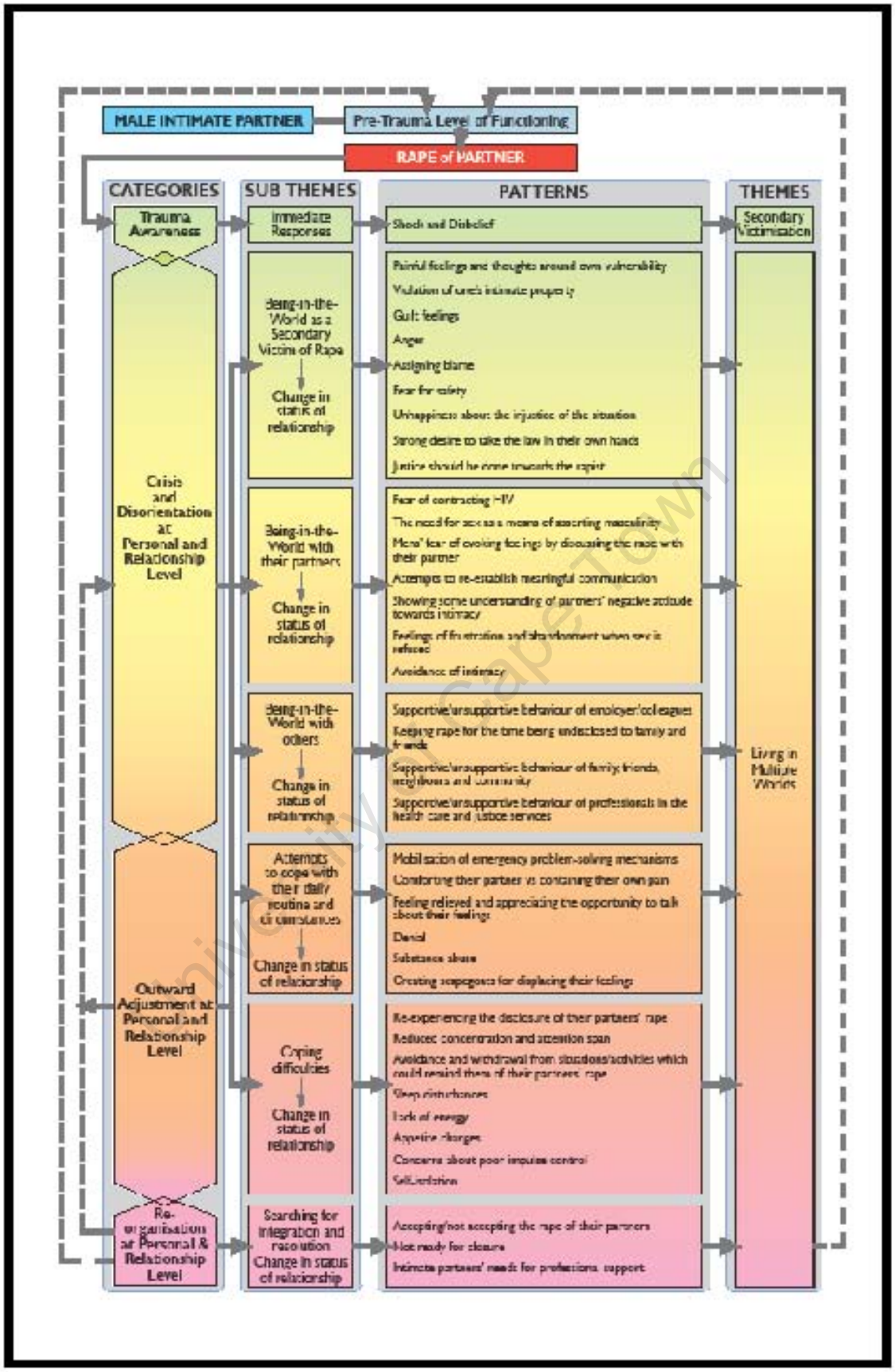

Figure 11: The integrated conceptual framework.

7.2.2 Explanation of the integrated conceptual framework

The framework illustrates the interaction among the categories, the two core themes, the sub-themes and the patterns that emerged from the data analysis. The source of the data was the semi-structured interviews conducted with each of the nine intimate partners who participated in the study between February 2008 and August 2009, following the rape of their partners. Figure 11 shows a series of vertical panels, best described from left to right. Grey directional arrows from left to right display the complex dynamics involved in the participants' lived experiences—specifically the inter-connectedness, inter-play and overlapping of the different concepts. Additionally, the merging of colours indicates that the demarcations between stages were not sharp but rather gradual and overlapping. Longer broken arrows on the far left and far right sides of the figure show how the participants haltingly moved forwards and backwards among the four progressive stages, striving to return to their previous level of functioning.

The value of the framework lies in that it provides, in a modest manner, an evidence-based illustration of the effects of rape on intimate partners. Policymakers and health-care professionals in the area of gender-based violence and sexual assault may find the framework helpful in structuring the future practices of post-rape care. Due to the inter-play between and overlapping of the concepts, discussing each panel in isolation is impossible. For the purpose of this discussion, the flow proceeds from the left to the right of the framework.

The left-hand vertical panel represents the categories of the four progressive states that intimate partners of female rape victims experience with the six months following the event. The categories are trauma awareness, crisis and disorientation at a personal and relationship level, outward adjustment at a personal and relationship level and re-organisation at a personal and relationship level. Not one of the participants moved through the stages at the same pace. An ongoing backwards-and-forwards movement through the different stages was evident. The findings are in line with those of White and Rollins (1981:109) who found that the phases intimate partners experienced after a rape were not clearly demarcated and varied from individual to individual. Comparable to the

frameworks/diagrams described by other researchers, each of the cycles in the current framework is consistent, however, with the phases most traumatised individuals endure in their recovery process (Figley & Barnes, 2005:396; Remer & Ferguson, 1995:409).

The second vertical panel from the left represents the participants' experiences on the personal and relationship level, expressed as sub-themes. The sub-themes include immediate responses, being-in-the-world as a secondary victim of rape, being-in-the-world with their partners and being-in-the-world with others. Further patterns reflect attempts to cope with their daily routine and circumstances, coping difficulties and integration and resolution.

The third vertical panel from the left shows a litany of mostly negative patterns of behaviour as a reaction to the rape. The patterns include painful feelings and thoughts around own vulnerability, violation of one's intimate property, guilt, anger, blame, fear for safety, unhappiness about the injustice of the situation, strong desire to take the law into their own hands, need for the rapist to be brought to justice, fear of contracting HIV, the need for sex as a means of asserting masculinity, men's fear of evoking feelings by discussing the rape with their partners, attempts to re-establish meaningful communication, some understanding of partners' negative attitude towards intimacy, feelings of frustration and abandonment when sex is refused, avoidance of intimacy, supportive/unsupportive behaviour of employer/colleagues towards intimate partners' circumstances, keeping the rape from family and friends for the time being, supportive/unsupportive behaviour of family and friends, supportive/unsupportive behaviour of professionals, mobilisation of emergency problem-solving mechanisms, comforting their partner versus containing their own pain, feeling relieved and appreciating the opportunity to talk about their feelings, denial, substance abuse, creating scapegoats for displacing their feelings, re-experiencing the disclosure of their partners' rape, reduced concentration and attention span, avoidance and withdrawal from situations/activities that could remind them of their partners' rape, sleep disturbances, lack of energy, appetite changes, concerns about poor impulse

control, self-isolation, accepting/not accepting the rape of their partners, not being ready for closure and expressing their need for professional support.

The fourth and final vertical panel of the figure (on the right-hand side**)** represents the two core themes reflected in participants' lived experiences after the rape: secondary victimisation and living in multiple worlds.

Through the study, I sought to obtain a better understanding of the lived experiences of male intimate partners of female rape victims and the meaning they attached to such experiences. The participants described their inner feelings, thoughts, perceptions and behaviours, all of which contributed to my understanding of the meaning of being a male intimate partner of a female rape victim within the six months following the rape incident. Although 157 male intimate partners enquired about the study, only nine were brave enough to share their stories with me from February 2008 until August 2009. The difficulty of recruiting participants for a study of this nature was clear, specifically perhaps the difficulty for intimate partners of female rape victims to come forward to speak about their feelings willingly. Could the issues surrounding rape be seen as mainly a female concern? Further research may be necessary to explore this question.

7.2.3 Pre-trauma level of functioning

The pre-trauma level of functioning is apparent at the top of the framework (see Figure 11). Having some background knowledge of their pre-rape functioning was important to appreciate the lived experiences of the participants within the six months following the rape of their partners. In brief, all participants alluded to a meaningful life and a stable relationship with their partners. Five of the nine participants were married, while the remaining four had been in intimate relationships ranging from seven months to more than five years at the time of the rape. None of the participants disclosed any previous psychiatric problems or treatments. No literature was available on the effect of previous functionality of intimate partners upon their subsequent reactions to the rape.

7.3 Category 1: Trauma Awareness—Theme 1: Secondary Victimisation

The category of trauma awareness is the first concept apparent in the left-hand vertical panel. The category relates to the first of the two core themes of the model: secondary victimisation (see the right-hand panel). A discussion of the related sub-theme of immediate responses (see the second vertical panel) follows.

7.3.1 Sub-theme: Immediate responses

The sub-theme of immediate responses includes the pattern of shock and disbelief (see the third vertical panel of the framework).

7.3.1.1 Shock and disbelief

Upon disclosure of the rape event, the intimate partners were forced to face the reality immediately, however shocking or unreal it may have seemed. They were propelled into a world they never believed possible—as unwilling secondary victims of rape. The study illustrated that the rape of their partners immediately turned their own lives upside down. In response to gentle probing questions, the majority of the participants could recall their immediate painful feelings of shock, disbelief and powerlessness upon disclosure of the rape. During their first interview sessions, two of the participants were still in a state of shock and not ready to talk openly about their feelings. The others described vividly how shocked and powerless they felt when they heard about the event. Researchers abroad have noted similar initial reactions of intimate partners to rape disclosure (Barry, 1989:104; Figley & Kleber, 1995:78; Freedy & Hobfol, 1995:255; Haansbaeck, 2006a:37; Mio & Foster, 1991:149; Morrison, Quadara & Boyd, 2007:6; Remer, 2001:2).

Because the participants and their partners had good prior relationships, the partners themselves disclosed the rape shortly after it happened. Although the news came as a shock, participants accompanied their partners to the police

station, and some went to the rape care centre as well. Such actions do not distract from the fact that after the disclosure, the participants felt psychologically traumatised because none had ever been exposed to such a shocking event before.

Individuals entertain assumptions about their lives; something that falls outside the frame of their assumption world throws them into total disarray (Bowers & Sivers, 1998:635). Trauma often violates and shakes the victim's basic assumptions about the meaningfulness of their physical and social worlds. Bower and Sivers' statements accurately reflect how I interpreted the participants' experiences of feeling traumatised immediately after the rape.

According to the DSM-IV criteria, a person is traumatised when he or she has been exposed to an event in which both of the following have been present:

1. The person has experienced, witnessed or been confronted with an event or events that involved actual or threatened death or injury or a threat to the physical integrity of self or others.
2. The person's response involved helplessness or horror (Jones, Schultz & van Wijk, 2001:392).

Kinchin (2004:2) described a traumatic experience as a powerful shock that may have long-lasting and overwhelming consequences. The usual ways in which people overcame problems before do not work anymore—trauma can defeat an individual's coping resources and result in powerlessness (Hamber & Lewis, 1997:1). The experience may be so devastating and overwhelming that individuals first have to make sense of the trauma; the majority often ask themselves, *why me?* (Hyer, 1993:15), as did the participants in the current study. Following a traumatic event, individuals move through different phases (e.g., the trauma awareness phase, the crisis phase, the adjustment phase and the re-integration phase), while using adaptive responses to overcome the trauma (Hyer, 1993:15). However, if the stressor is overwhelming, the individual will react ineffectively, which causes intense anxiety symptoms, making the

individual prone to developing chronic stress reactions, the so-called post-traumatic stress disorder, or PTSD (Valfre, 2001:232).

How do these statements regarding trauma relate to the experiences of the participants in the current study? Conner (2001:2) used the term "secondary trauma", which refers to the trauma that the "significant others" of the primary victim endure after a traumatic incident. Morrison, Quadara and Boyd (2007:2) and Remer (2007:1) used the term to describe the ripple effects of sexual assault: secondary victims experience similar trauma symptoms to the victims/survivors. Secondary victims often receive recognition not for the fact that they are also traumatised but more for the need of their attention by the primary victim during his or her healing process. The actions and reactions of secondary victims can affect the recovery process of the primary victims (Duma, 2006:278, Morrison, Quadara & Boyd, 2007:7; Remer, 2001:2). The aforementioned authors suggested that secondary victims also need professional help to recognise the symptoms and effects of trauma, to understand their own and their partners' healing processes and to comprehend how the processes influence one another. Failure to receive such help, as is evident in the case of the participants in the current study, can impair the occupational and social functioning of a secondary victim, resulting in absenteeism, fatigue, impaired communication, poor concentration and relationship dysfunction (Schiraldi, 2000:11).

According to Stuart's stress adaptation framework, the basis of an individual's response to stress is factors such as nature of the stressor, perception of the situation and coping resources and mechanisms (Stuart & Laraia, 1998:75). As secondary victims, the study participants faced many challenges to which they had to adjust, and all participants expressed that their lives would probably never be the same. Their narratives show that the rape of their partners changed their assumptions that the world around them was safe, uncomplicated and stress-free. Regarding the potential consequences of their trauma, my initial impression was that the level of awareness amongst the participants seemed quite low in terms of which reactions and behaviours to expect from their raped partners and in terms of how the event might affect their relationships in the long term. Such a

lack of awareness is largely understandable because none of the participants had been through a similar experience before and none had received any support or counselling after the rape.

7.4 Category 2: Crisis and Disorientation—Theme 2: Living in Multiple Worlds

The category of crisis and disorientation is the second concept that appears in the left-hand vertical panel of the framework. Although no single stereotypical response to a traumatic event exists because every individual deals with a crisis differently, I believed that viewing the individual as having multiple roles in the world would aid in the understanding of this category. The second core theme of living in multiple worlds (see the right-hand vertical panel) includes the sub-themes of being-in-the-world as a secondary victim of rape, being-in-the-world with their partners and being-in-the-world with others. The sub-themes appear in the second vertical panel, whilst the various patterns identified within each sub-theme are apparent in the third vertical panel of the framework.

7.4.1 Sub-theme: Being-in-the-world as a secondary victim of rape

Rape is a devastating experience for both primary rape victims and their intimate partners and is an immediate crisis for both (Davis, Taylor & Bench, 1995:73-74; Emm & McKenry, 1988:272; Remer & Ferguson, 1995:409). The concept of *crisis* relates to a person's feelings and perceptions about a disruption, rather than the disruption itself (Baumann, 1998:595). A state of intense psychological vulnerability follows the crisis, and in terms of this study, the vulnerability centred on the disruption within the worlds of the intimate partners, within their relationship with their partners and within their place in the world. This sub-theme included the following patterns (see the third vertical panel of the framework):

1. Painful feelings and thoughts around their own vulnerability
2. Violation of one's intimate property
3. Guilt
4. Anger

5. Blame
6. Fear for safety
7. Unhappiness about the injustice of the situation
8. Strong desire to take the law into their own hands
9. Need for the rapist to be brought to justice

A discussion of these experiences, which had a direct or indirect influence on participants, follows.

7.4.1.1 Painful feelings and thoughts around their own vulnerability

In this study, the participants were so traumatised after learning about their partners' rape that they felt as if they had also been hurt. Most described the instant they heard of the rape as a defining moment in their lives, distinguishing between how their lives were before and how they might be in the future. At the initial interview session, all participants sketched a bleak picture of their futures.

Janoff-Bulman and Frieze (1983:1) developed the victim perception-experience framework to understand victims' perception of traumatic experiences better. The basis of the framework is three assumptions that an individual makes about him or herself and society: (a) the belief in personal invulnerability, (b) the view that the world is meaningful and (c) the view of the self as positive. An indirect victim of rape would also hold these assumptions. Traumatic experiences challenge people's assumptions, and they undergo a loss of equilibrium because "things no longer work the way they used to" (Bard & Sangrey, 1979:14). These are normal reactions to abnormal events (Baldwin, 2008:2) and reflect the initial reactions related by the participants in the current study.

Janoff-Bulman and Frieze (1983:4) related that when a traumatic experience is sufficiently overwhelming, individuals could no longer say, "It can't happen to me". Victims no longer perceive themselves as safe and secure in a benign environment; they have experienced a malevolent world. The assumption of invulnerability rests on a basic belief that events in the world are comprehensible and orderly, but when traumatised, people believe that the world is no longer

meaningful. Moreover, the problem of loss of meaning often seems to focus not on the question of "why did this event happen?" but rather on "why did this event happen *to me*?" Individuals, in general, sustain a relatively high level of self-esteem and function under the assumption that they are worthy, decent people (Janoff-Bulman & Frieze, 1983:5-6).

The participants in my study experienced hurt and victimisation, which lead to a questioning of their self-perceptions. From the literature, I could expand upon my interpretation of what the participants were expressing. For instance, Horowitz et al. (1980) explained that the trauma of victimisation activates negative self-images (victims see themselves as weak, helpless, needy, frightened and out of control), which are a dire threat to a person's autonomy (as cited in Janoff-Bulman & Frieze, 1983:5). The disequilibrium that results is marked by intense stress and anxiety. A traumatic event therefore threatens the person's entire conceptual system (Sedler, 1987:437). Threat, danger, insecurity and self-questioning now characterise victims' perceptions (Janoff-Bulman & Frieze, 1983:3).

Furthermore, coping with victimisation requires victims to come to terms with shattered assumptions. The coping process involves re-establishing a conceptual system that will allow the victim to function effectively once again; the victim must rebuild the shaken parts of the conceptual system. The victim will also face the task of re-establishing a view of the world as meaningful, as a place in which events once again make sense, and coping will involve regaining a positive self-image, including self-perceptions of worth, strength and autonomy (Janoff-Bulman & Frieze, 1983:7).

After individuals have defined themselves as victims, they attempt to cope with their victimisation by including other cognitive modes of response. According to Bulman and Wortman (1977), individuals try to make sense of the experience, to search for meaning in the victimisation (as cited in Janoff-Bulman & Frieze, 1983:9), which may involve making causal attributions. The attributions are attempts to explain events, and self-blame attributions seem to explain

satisfactorily why the event occurred specifically to the victim. Burgess and Holmstrom (1974:981-982) found that self-blame is a common response of rape victims.

According to holistic health-care philosophy, each person is multi-dimensional; one's physical, emotional, spiritual, intellectual and social dimensions are in constant interaction with each other (Rawlins, Williams & Beck, 1993:31). People's sense of self is a product of both their internal psychological and emotional make-up and the external influences that colour their perceptions, as well as the social and cultural values that define who they are and how they relate to the world (Magenuka, 2006:116). Although people may sense many things during life events, when asked to relate these, they often only attend to those experiences they think have significance for the story. A story can never completely encompass the full richness of people's lived experiences because emotions, thoughts and actions not fully accounted for in the story will always exist. Some experiences may be too complex, or too vague, to form part of a story, or people may simply lack the necessary expressive vocabulary (Kruger, 2003:202; White & Epston, 1990:9-12). Bontekoe (1996:2-3) stated that people do not always understand things immediately because all human understanding occurs over time. Therefore, understanding is hermeneutically circular, and information only becomes serially available to people when they are required to talk about it.

Despite such potential limitations of interpreting the early, sometimes hesitant, narratives of the nine men participating in this study, the foregoing discussions accurately reflect their initial painful reactions to the news of the rape. Their responses exhibited how they lived their stories immediately following the rape; when the rape became part of their consciousness, it developed into a moment that defined their lives in terms of the past, the present and the future. The trauma shattered their assumptions about themselves, their relationships and the world around them, which were unchallenged prior to the crisis. Sexual assault destroys victims' ability to maintain the important illusion of personal safety and invulnerability. Being *secondary* victims does not mean that significant others are

in any sense less affected; the reality is only that they were not the direct recipient of the sexual assault trauma (Remer & Ferguson, 1995:407).

Commensurate with the above discussion, participants exhibited intense concerns about their own vulnerability by asking questions and making statements such as “Why did it happen to me and her?”, “This is not how I planned my life and marriage”, “Do they not think of my feelings?” and “I am not so sure about my manhood anymore”. One intimate partner noted that the more he searched for answers, the more he fell into a hole of dark emptiness. Janoff-Bulman and Frieze (1983:6) noted that when traumatised individuals raise such questions, they seem to be searching for answers about an event that reflects no reasonable justification. Even so, the secondary victim must face and deal with the trauma, which means the trauma may become part of the schemata of the secondary victim (Remer & Ferguson, 1995:410).

In an attempt to make sense of the event, the participants desperately tried to search for answers and to understand the reason for their partners’ rape. Not all of the participants attached the same meaning to their experiences. Becker (1992) described the phenomenological position on meaning as “the exchange between the person and the experience” (as cited in Magenuka, 2006:116). For example, some participants said that their loss of control over the event occurred because their partners had been raped by people stronger than themselves. Moreover, the meaning of life events from a client’s perspective may be unclear if one does not understand the dynamics of the cultural background of the client because what is a crisis for one person may not be a crisis for another (Frisch & Frisch, 2002:169). In this study, the intimate partners were from diverse cultural backgrounds. Fortunately, I had prior exposure to trans-cultural nursing, which helped my understanding of their individual dynamics.

Another useful framework to illustrate the inter-dependence of the role players in the current study was the general systems theory of Talcot Parsons, which indicates the dynamic interaction among components of a system and between the system and the environment. As a system, families strive to maintain balance,

often referred to as homeostasis. If one family member changes, the whole family changes. Rape causes disequilibrium, and the impact of rape makes relationship adjustments very difficult (Rawlins, Williams & Beck, 1993:582). For the purpose of this study, I viewed the intimate partner and the rape victim as a system. Exploring the impact of rape on the intimate partner, as an inter-dependent sub-system of the family/couple, is important (Morrison, Quadara & Boyd, 2007:2).

The Stuart stress adaptation model provided additional insights. This nursing model indicates how individuals, who are part of a system, are affected after a traumatic event (Stuart & Laraia, 1998:66). The model shows that an individual is a component of a family, a society and the larger biosphere, with the result that nothing that happens to the individual happens in isolation. The second assumption is that nurses provide care in a biological, psychological, socio-cultural, environmental and legal-ethical context. Nurses should incorporate each context to provide proficient, holistic nursing care.

Biological, psychological (intelligence, verbal skills, personality, experiences and self-concept) and socio-cultural (age, education, religious upbringing and beliefs, political affiliation, socialisation experiences and level of social integration or relatedness) factors influence the type and amount of resources individuals can use to manage stressors. These socio-cultural factors can exhaust an individual's resistance and coping resources, which ultimately promotes the development of a psychiatric illness through maladaptive coping responses, which are those responses that hinder integrated functioning (Stuart & Laraia, 1998:70-75). Janoff-Bulman and Frieze (1983:10) stressed that positive social support after victimisation can maintain and enhance victims' self-esteem. The more support victims receive, the sooner they overcome the post-traumatic stress of victimisation (Friedman, Bischoff, Davis, & Person, 1982:26-28). This became an ever-increasing realisation for me during the study because all the participants bemoaned the lack of support.

7.4.1.2 Violation of one's intimate property

The intimate partners in this study were concerned about how the rapist had put their relationship at risk. To interpret this pattern with care, I considered that cultural background, ethnicity, community ideals and personal values might have influenced the intimate partners' experiences and the manner in which they expressed or interpreted their experiences. Patriarchal dominant values and norms in terms of gender roles in an intimate relationship are important to note when assessing the traumatic meaning of rape (Van den Berg & Pretorius, 1999:97).

Holmstrom and Burgess (1979: 321) touched upon male partners' perceptions regarding the socio-cultural perspective of rape by examining the reactions of husbands and boyfriends after their female partners had been sexually assaulted. Holmstrom and Burgess grouped the men's reactions to the rape of their female partners into either *modern* or *traditional* categories. In their study, the six men with the traditional view saw the sexual assault as a sexual act, as opposed to the nine men with a more modern view who conceptualised the rape as an act of violence (Holmstrom & Burgess, 1979:322).

According to Smith (2005:164), the meaning of rape is socially constructed due to different perceptions of such situations. A fundamental distinction identified in the narratives of the participants in the current study was the diverse cultural perceptions of the motive for the rape of their partners. Foster (2003:5-6) stressed that during assessments of different cultures, professionals must be aware of the client's cultural background because such an awareness will help the professional understand the client as a whole, which will improve the therapeutic effectiveness. Valfre (2001:32) also emphasised that cultural values strongly influence the thinking and actions of people and the way in which they respond to time, activity and relationships. Rudd (2003:31) studied the effects of rape on the social functioning of the family, noting that "rape is an act of aggression and hostility and it increases where culture encourages it". Because of the mutual influence that exists between the direct and the indirect victim's experience of this crime, the trauma and victimisation experienced by the rape

victim will inevitably have a direct or an indirect influence on the intimate partner (Van den Berg & Pretorius, 1999:97).

Similarly, Mio and Foster (1991:151), Feinauer (1982:35) and Silverman (1978:166-167) reported that one of the cultural perceptions of intimate partners that can lead to stigmatization is that the woman is viewed as the man's property and that men do not share their partners with other men. Due to this view, some males feel personally wronged by the rape of their partners. In fact, some may display indignation from a sense of propriety that serves more to protect themselves against their own unconscious sense of vulnerability than to express a deeply held personal philosophy (Silverman, 1978:168).

Mio and Foster (1991:151) observed that the intimate partners in their study felt their wives did not possess the same value as before the rape. Such a finding was not evident in the current study. Smith (2005:164) linked the concept of *owning* to the diverse cultural backgrounds of the participants in her study and their search for meaning in the rape of their partners, which was socially constructed by cultural definitions. Holmstrom and Burgess (1979:321) suggested that researchers determine whether husbands or boyfriends saw themselves or their partners as the real victims of the rape.

The findings of the current study showed that intimate partners attached different meanings to the reason behind the rape of their partners. Some participants expressed that the rapist had taken their property, had violated their intimate property or "took what belongs to me". Other participants perceived the rape as an offence against their partners, while yet others focused solely on their own hurt.

In certain African cultures, the ancient custom of ukulobola (literally "marriage payment") is still a reality because it creates a solid foundation for the marriage and unity between two families (George, 2010:1). A general feeling amongst the Xhosa participants in the current study was that no man had the right to take their property for which they had paid lobola. The participants with a Western

background also believed that the rapist had taken away what was theirs but not for the same cultural reasons. In other words, a significant indicator for intimate partners, despite cultural background, was their sense of violation of property. However, the participants did not clearly indicate whether they saw the rape as a primarily sexual or violent act.

The study results confirm the findings of others. Silverman (1978:168), for instance, reported that an attitude commonly expressed by boyfriends and husbands was the view of the woman as the "property of her man". The participants in the current study attached different meanings to the rape: cultural lobola perspective, loss of property or failure to protect their partner.

7.4.1.3 Guilt feelings

Nader (2009:1) believed that a person might feel guilty without being consciously aware of the feeling. Both unconscious and conscious guilt may affect behaviour, emotions and relationships. During the three months following the rape, participants reported guilt feelings and a sense of helplessness due to not being able to protect their partners. The participants moved back and forth between their intense guilt, believing that they had abandoned their masculine role as protectors, and the suppression thereof. The guilt was evident in the participants' narratives: "Why did I allow her to walk alone?" and "If I had only been there, I could have protected her".

I could argue that, for the most part, the participants' guilt was misplaced because they were either at work or on their way to work at the time of the rape. Nevertheless, the pervasive guilt feelings emerged because participants were still trying to make sense of the event. Carlson (1997) reported that guilt and shame are closely related emotions that can be powerful reactions to trauma (as cited in O'Sullivan, 2003:58). Irrespective of whether people are primary or secondary victims, guilt reflects a person's sense of self-blame or responsibility for the event. Guilt may also be an attempt to justify learning a lesson from the event and to regain some sense of power and control.

The landmark report of Holmstrom and Burgess (1979:322) was in line with the expressions of "if-only" guilt feelings that emerged in the current study. Interestingly, Smith (2005:164) stated that guilt feelings reported by male partners of female rape victims often result in the female victim/survivor having to emotionally support her partner at precisely the time she most needs to receive such support herself. This role reversal was not apparent in the current study, although a discussion of the inter-play between the participants' own needs and their partners' need for comfort appears later in the chapter.

At the conclusion of the study, all the partners had realised that their guilt feelings were misplaced because they could not have done anything to prevent their partners being raped. However, their guilt feelings were real. I have no doubt that the guilt delayed their healing process and increased their risk of developing PTSD.

7.4.1.4 Anger

In contrast to the findings of Silverman (1978:167), who reported that husbands and boyfriends openly expressed feelings of anger towards their partners and accused them of not being careful enough, none of the participants in the current study displayed similar sentiments. Instead, they directed their anger during the three months after the rape firstly toward themselves for failing to protect their partners. Additionally, the participants exhibited deep anger and despondency toward the rapist, the justice system, health professionals at the rape care centres, the police, the local Xhosa people and the South African government for not protecting foreign women.

Smith (2005:157) reported that all five men in her study reported immense anger towards the rapist and wanted to kill him. Participants in the current study also expressed such emotions. A common feeling was that if they found the rapist, they would beat him. One participant claimed, "If I see him, I will make sure that he will die".

Participants' anger against themselves could be the result of their guilt; they may have also blamed others to protect themselves. Carlson and Ruzek (2009:4) argued that aggression towards oneself or others may result from frustration over the inability to control the symptoms related to an experience. Sometimes, victims feel as though the symptoms are running their lives. Carlson and Ruzek suggested that the anger and aggressive behaviour might be the reason that victims have trouble with work, relationships and friendships.

A significant finding was that over the weeks and months that followed the rape, the majority of the participants reported that their intense feelings of anger had started to subside because to move on with their lives, they had to forgive, or at least forget about, the rapist. However, one participant whose partner had ended their relationship stated clearly that he had not resolved his feelings of anger towards the rapist. By the sixth month, eight of the participants displayed good insight into what had happened to them. They could verbalise that ongoing negativity would be inappropriate and counter-productive. Hearing the intimate partners express their positive feelings toward the opportunity to talk about their experiences during the study was a revelation for me.

In summary, for the participants to move on with their lives, they had to try to forgive the rapist/s, which was a daunting but essential step towards the beginning of their recovery. Undoubtedly, their feelings of anger and despondency hampered their adjustment process. The expressed benefit of being able to talk to someone reinforced my growing realisation that some form of support for intimate partners of rape victims is essential.

7.4.1.5 Assigning blame

While the participants tried to make sense of the rape of their partners, they harboured strong convictions that somebody should take the blame. Participants blamed themselves for not being there to protect their partners, the rapist, the local Xhosa people and the police for unsympathetic attitudes when enquiring about why the culprits had not yet been apprehended.

In the current study, the self-blame stemmed largely from the perception of having failed in their role as men and protectors. The self-blame led to guilt. The stereotyped traditionally male role of controlling and protecting women leads to self-blame of the intimate partner in the event of rape (White & Rollins, 1981:104). South African researchers Van den Berg and Pretorius (1999:93) also found that intimate partners blamed themselves for what had happened, in the "if only " manner: "If only I had done this or that, it wouldn't have happened". Victims try to find the answers by turning to themselves; certain types of self-blame could serve an adaptive function (O'Sullivan, 2003:54). According to Janoff-Bulman and Wortman (1977:351), traumatised victims may use self-blaming as a defence mechanism to minimise their sense of vulnerability and maximise feelings of self-control, believing that future changes in behaviour may enable them to avoid negative consequences.

In terms of blaming others, in particular, the three foreign participants could not understand the motives of the local African people for raping their wives. The foreign participants described welcoming South Africans to their countries during the years of apartheid, without anyone raping their wives. During their last interview sessions, most participants explained that to move on with their lives, they had forgiven themselves, the rapist and, in the case of the foreign participants, Xhosa men. Few were willing to exonerate the police for either failing to apprehend the rapists or for releasing the rapists on bail.

7.4.1.6 Fear for safety

Naparstek (2006:37) believed that most people are oblivious to how much comfort they take from their belief that the world is a predictable place, until it demonstrates random cruelty in some dramatic way. People structure their lives upon a platform of assumptions, such as that the world around them and their relationships are safe, which enables them to move through their daily lives. Jim and Jacobsen (2008:414) commented that in Western countries, typical core beliefs are that the self is basically good, in control and invulnerable; the world is just, benevolent and meaningful and consequences logically flow from actions.

Good people who take the necessary precautions will be protected from traumatic life events.

The rape of a partner sharply contrasted such beliefs. The rape immediately distorted the participants' belief that their living environment was safe. At the initial interview session, apart from the three foreign participants, all participants explained that they had believed that they were safe in South Africa. Now they no longer felt safe in their houses or environment and feared that something could happen. Each talked about the safety measures they had put in place in the past to ensure that they would be safe.

At the second interview session, some participants described how they were becoming over-protective of their partners, perhaps in an attempt to feel in control after the rape; while their partners had previously walked to the shops alone, they now had to wait until the participants came home. The narratives indicated that for the first three months after the rape, the intimate partners experienced widespread distrust of everyone living around them, men in the streets who reminded them of the rape, the police and the justice system. According to Schiraldi (2000:9), symptoms such as feeling vulnerable, looking over their shoulder and being over-protective or over-controlling of their loved ones are common in individuals who have endured a traumatic event.

The men related that although they lived in shacks, they had always felt safe before. However, no matter how safe their living environment was before the rape, their core belief of personal invulnerability had been shattered. Participants experienced symptoms of hyper-vigilance, fearing that the rapist might come back. While at work, they would worry whether their partners were safe at home. While all participants said that if they could afford to, they would move to a safer area, only two participants managed to find alternative accommodation.

Herman (1996) noted that fear is by far the most well-known denominator of psychological trauma because the loss of trust in the world leads to "feelings of intense fear, helplessness, loss of control and threat of annihilation" (as cited in

O'Sullivan, 2003:73). In the aftermath of the rape, Silverman (1978:170) reported that common responses of significant others include patronisation and over-protection, such as urging victims to move to a new city or return home where families can watch them and keep them safe. These manoeuvres of significant others may partly represent an attempt to assuage feelings of guilt and responsibility for having failed to protect the "defenceless" woman from being raped in the first place.

While rape statistics indicate that in most cases women know their rapist, this was the case in only one instance in the current study. Although the majority of participants believed that moving away from the areas in which they were living would be safer, they were constrained by their financial circumstances. The foreign participants, in particular, felt strongly that they had to move away from the local community and live somewhere else. Their reasons were not only that the rapist could return but also the ongoing xenophobic aggression from the local community. The ongoing feeling of being unsafe negatively affected their daily functioning and their relationship with their partners.

Janoff-Bulman and Frieze (1983:4-5) proposed that hyper-vigilance and controlling behaviours may result from alterations in an individual's cognitive schemata following a traumatic event. An individual's beliefs about personal invulnerability, perception of the world as meaningful and perception of the self as positive all change significantly following a traumatic event: "Victims can no longer assume that the world is meaningful or that what happened makes sense". The incorporation of the victim perspective into the individual's worldview may result in depression, intrusive thoughts, breakdown in inter-personal trust, anger, rage, feelings of vulnerability, disillusionment, loss of sense of safety and loss of self-worth and self-confidence. Individual concerns related to vulnerability would be equally likely in primary and secondary trauma victims. Family members may make greater efforts to control their environment, attempting to ensure homeostatic maintenance (Janoff-Bulman & Frieze, 1983:6).

At the concluding interview sessions, some intimate partners eventually realised that their partners' rape was crime-related and came to understand that legislation and police visibility do not necessarily stop people from raping others. The participants felt less unsafe than they had immediately after the rape. The exact reasons were not evident in their narratives, but their lack of finance to move away may have forced them to adjust their perceptions regarding their safety. A few participants still felt unsafe and had started to isolate themselves from the outside world. One of the reasons that some participants developed symptoms of PTSD could be their struggle to reconcile the shock of the rape of their partners with core beliefs about themselves and the world and ongoing fears about safety (Jim & Jacobsen, 2008:414).

7.4.1.7 Unhappiness about the injustice of the situation

Robertson (1998:1) explained that a culture of violence has dominated South African society for many years and that the current levels of criminal and political violence have their roots in apartheid and the political struggle. Because eight of the nine women in this study were raped by strangers, and males are the exclusive perpetrators of this violence against women, the "weaker" members of society, the rapes may represent a displacement of anger. A related view is that rape is an assertion of power and aggression in an attempt to re-assert the rapist's masculinity (Robertson, 1998:1). Noticeably, the participants expressed no anger or resentment towards their partners; instead, they conveyed rage with themselves, the South African government and the sheer injustice of the situation. General feelings amongst the intimate partners were that the world was cruel, that the rape was a pointless act and that the rapists had no right to do what they did.

Of interest was that the three foreign participants not only voiced their frustration and anger towards the rapist but also towards local Xhosa men (as the suspected rapists involved) and the South African government for not addressing the ongoing violence against women and for not protecting them as refugees. The

participants argued that if the necessary measures were in place, the rape of their partners would not have occurred.

Rape has been regarded as a “crime of violence and control” since the 1970s, and in the 20th century, NGOs and the United Nations documented the use of rape as a “weapon of war” (Clifford, 2008:4). Rape might be the by-product of social collapse during wartime; rape is a deliberate form of attack on the enemy to instil shame and humiliation, which results in an undermining and collapsing of social bonds within communities and families (Carll, 2007a:266). While not in an actual war situation, the foreign intimate partners in the current study equated the motive behind their partners’ rape to the xenophobic attacks on foreigners in South Africa. Because the rapes occurred during the wave of xenophobic violence that swept through South Africa in 2008, the meaning of the foreign participants’ experiences was based on historical reality.

Fuller (2008:1) stated that “being both foreign and female increases the vulnerability of women during the xenophobic violence in South Africa”. Fuller argued that foreign women in the townships had been disproportionately affected by the xenophobic attacks and that the violence included beatings and rape. Foreign women were scapegoats for the domestic problems facing South Africa, such as unemployment, crime and limited access to services (Fuller, 2008:1). The foreign participants in the current study indicated later that their anger towards the locals had subsided and that they saw the rapists as ordinary criminals.

At the conclusion of the study, the majority of the participants had begun to acknowledge that the rape of women in South Africa is a common phenomenon. Although the realisation did not bring closure regarding their anger about the ongoing injustice of violence against women, the realisation helped to reduce their resentment of their individual traumatic experiences.

7.4.1.8 Strong desire to take the law into their own hands

At the initial interview sessions, while some of the participants expressed that they never wanted to see the rapist/s, the majority of participants narrated that they were so annoyed about the rape that they had a strong desire to take the law into their own hands and wanted to look for the rapists and beat them. For the first month, these wishes produced mixed feelings.

Most of the participants described the rape as a meaningless action for which the rapist should receive punishment. Thompson and Janigian (1988:261) suggested that without belief in a fair and moral world, a sense of control over one's fate and a continuous personal narrative, life makes no sense. The rape had shattered the fundamental assumptions of the participants about themselves and their world.

The collapse of one's assumptions can undermine one's sense of control over one's own life and the circumstances around the event with which one is confronted (Taylor, 1983:1163; Thompson & Janigian, 1988:261). The participants' seemingly senseless desires to beat up or kill the rapist were not surprising. One participant reported that he did become physically involved in a fight with his partner's rapist during which his arm was injured. Most of the participants indicated that, as time passed, they decided against the idea of looking for the rapists, fearing the consequences.

Whereas the participants in this study clearly spelled out the meaning of taking the law into their own hands with statements such as, "I will make sure that he dies", the husbands and boyfriends in Holmstrom and Burgess' (1979:323) study generally provided no explanations of what they meant by "getting the guy". Holmstrom and Burgess speculated that their aim was to hurt or beat up the rapists. In their study, the intimate partners expressed strong desires to take the law into their own hands, but they never put their plans into action.

In the current study, the need for revenge had largely abated by the third month. Realisation of the potential consequences was the cause. McNair (2009:1) emphasised the importance of discouraging such notions as killing the

perpetrator because trying to punish violence with violence can only worsen the rape victim's feeling of insecurity.

7.4.1.9 Justice should be done towards the rapist

Several of the participants described their exasperation with the fact that the rapists were still walking free. Participants had no trust in the police due to their lack of action. I could relate this anger to a strong need for the rapists to receive punishment. The male partners in Holmstrom and Burgess' (1979:324) study also wished that the rapists be caught by legal means. In fact, being angry and wanting to see justice done is human nature for a person who has survived a trauma (Uys & Middleton, 2004:679). According to the just-world hypothesis, individuals need to believe that people get what they deserve and deserve what they get (Janoff-Bulman & Wortman, 1977:351).

Although all nine victims had reported their rapes to the police, by the end of the study period, the police had apprehended only three perpetrators. One had been sentenced, another escaped on the day of the court appearance (and remained at large) and the third was still out on bail and waiting to appear in court. Only one participant believed that the justice system alone could not be blamed for failing to catch the rapists; all the other participants were extremely dissatisfied with the manner in which their cases were being handled and with the poor conviction rates in South Africa generally. Their belief in a just and fair world was strained.

At times, however, participants expressed ambivalence about their desire for justice. Whilst being angry that the police had not apprehended the culprits, some participants said that they were glad because they did not want to see the rapists or expose their partners to traumatic memories of the rape. I interpreted the feeling as a PTSD-related symptom of avoidance that participants used to protect themselves from rekindling painful memories.

7.4.2 Sub-theme: Being-in-the-world with their partners

The general systems theory of Talcot Parsons relates to a science of "wholeness" characterised by dynamic interaction among components of the system and between the system and the environment. Thus, researchers cannot understand a phenomenon independently of the system in which it exists (Karoui, 2010:1; Rawlins, Williams & Beck, 1993:63). Adapting the theory for the current study included viewing a couple as a system, the members of which are dependent on each other for love, affection and a sense of belonging (Karoui, 2010:2).

As a system, families strive to maintain homeostatic balance amongst the sub-systems (family members). A change in one family member affects the others; thus, the rape of one member would affect the functioning of the total system (Rawlins, Williams & Beck, 1993:63). The resultant disequilibrium in the other sub-system makes relationship adjustments difficult (Morrison, Quadara & Boyd, 2007). The theory is true for both the primary and secondary rape victims (Rawlins, Williams & Beck, 1993:582), as was apparent in the current study.

Astbury (2006:2) maintained that relationships can suffer irrespective of how well or badly the people closest to a rape victim are able to understand the impact of sexual assault and respond to the disclosure of the rape. To prevent their relationship from deteriorating, both members of the couple encounter the huge responsibility of supporting each other emotionally. The success of a couple's adjustment will greatly influence their ability to maximise positive health outcomes.

For the intimate partners in this study, the rape of their partners came as a random, unpredictable and shocking event. Not only did they have to grapple with their own experiences of being-in-the-world as secondary victims of the rape but also with their experiences of being-in-the-world with their female partners. This sub-theme appears in the second vertical panel of the framework (see Figure 11). Although the patterns (see the third vertical panel) listed below emerged from the thematic analysis, I wish to point out that the participants' experiences of the

being-in-the-world with their female partners sub-theme were considerably inter-linked (see the grey arrows in Figure 11):

1. Fear of contracting HIV
2. The need for sex as a means of asserting masculinity
3. Men's fear of evoking feelings by discussing the rape with their partners
4. Attempts to re-establish meaningful communication
5. Some understanding of partners' negative attitude towards intimacy
6. Feelings of frustration and abandonment when sex is refused
7. Avoidance of intimacy

7.4.2.1 Fear of contracting HIV

South African researchers Usdin et al. (2000:1) and Meel (2005:1) proposed that one of the driving and most violent forces behind the AIDS epidemic is endemic rape. Not only are victims of rape at risk of contracting HIV, but also the violence associated with rape may actually increase the risk of HIV transmission. The increased risk of HIV transmission can cause fear and anxiety in the intimate partner, which in turn has a negative impact on the sexual relationship (Connop & Petrak, 2004:35).

For the first month, a number of participants in the current study reported that they were apprehensive that the rapists might have infected their partners with HIV. The participants believed they were at risk as well and were anxious for their partners to take the prescribed post-rape prophylaxis. Moreover, the participants felt uneasy about having sex without a condom after the rape. They noted that they would rather use a condom for the first three months or just abstain from sex to be safe. Only two of the participants actually said that using a condom or abstaining from sex made them frustrated and agitated.

7.4.2.2 The need for sex as a means of asserting masculinity

All nine intimate partners claimed that before the rape they had good sexual relationships with their partners. While most of the participants avoided sex soon after the rape for various reasons (including fear of contracting HIV), two

participants explained at the initial interview sessions that they had continued to engage in intercourse because of a need for sex and a need to continue their intimate lives. Such behaviour could be interpreted as a means of asserting masculinity within the relationship. During later interviews, however, most of the participants reported that they experienced communication difficulties and an associated increase in sexual problems with their partners.

7.4.2.3 Men's fear of evoking feelings by discussing the rape with their partners

Because of their partners' negative attitude, participants recounted that they had started avoiding any conversation that could remind their partners of the rape. Verbal interaction dwindled generally in an attempt to avoid talking about the rape, or their own feelings, because such conversations would evoke bad feelings in both partners. Interestingly, Rudd (2003:29) found that a rape victim often does not want to discuss the rape because the intimate partner represents "the good/clean part of her life and [she] therefore may want to keep the intimate partner separate from what has happened". Further, if the rape survivors did talk about the rape, the story could sometimes change, which "may cause doubt in the intimate partner". Doubting the survivor's story would be a mistake because in traumatic situations memories may change as they are processed. Instead of doubting the story, intimate partners should not criticise and should allow rape survivors to process the memories in "their own time and in their own way".

7.4.2.4 Attempts to re-establish meaningful communication

The participants believed that their feelings of disconnectedness limited their chances of effectively dealing with their own feelings of frustration. Some participants described that when they tried to start a conversation, their partners made no effort to show understanding for their feelings. The participants viewed the negativism concerning communication and intimacy as obstructive because it made them feel lonely and rejected. Often they experienced their partners as argumentative, critical and unsympathetic towards them and their children, which lead to serious arguments.

Townsend (1996:157) explained that functional communication patterns are those in which verbal and non-verbal messages are clear and direct between the sender and the intended receiver. Behaviour that interferes with such patterns includes ignoring or minimising the partner's expressed feelings. Individuals may withhold honest feelings to avoid being hurt by the negative responses of others or by the failure of others to listen. Such communication problems, verbal and non-verbal, disturbed all the participants in this study, and they felt generally negative about the future as a couple. Their communication specifically about their intimate lives had become virtually non-existent.

Holmstrom and Burgess (1979:325) indicated that 12 of the 15 couples in their study reported that communication had become unbearable. The participants did not know how to approach their partners or what to say due to their lack of knowledge. The intimate partners in the current study echoed the experiences of communication failure (complicated by fear of the partner's reactions), saying the wrong thing, unpredictable mood swings and outbursts of anger.

Couples' communication about even everyday issues, such as their children, was impaired. Participants' partners either did not respond or responded in an agitated and abrupt manner, causing a tense atmosphere. Participants had become frustrated and irritated with their partners' altered behaviour but at no point were they physically violent towards them. The rape victims' changed behaviour exacerbated participants' feelings of loneliness and alienation. The findings of this study are consistent with those of Rodkin, Hunt and Cowan (1982:96) and Miller, Williams and Bernstein (1982:54-58), who reported unhealthy or unbearable communication difficulties between the couples in their studies.

Generally, any attempts by the participants to improve communication were fruitless and left them feeling frustrated and powerless. Participants further described that their partners did not attempt to work on their relationships. All of these compounding factors made discussing their feelings with their partners extremely difficult for participants. Emm and McKenry (1988:276) similarly

observed feelings of insecurity in male partners because “they might say something wrong”. After a rape, the couple does not go through the same adjustment phases at the same pace, which could further complicate communication difficulties (Remer & Ferguson, 1995:407-408).

7.4.2.5 Some understanding of partners’ negative attitude towards intimacy

Duma (2006:237) found that the rape victims who recommenced sexual relations soon after the assault had discussed the matter with their partners. In some cases, their partners helped them to see the sexual assault for what it was and to separate it from lovemaking to resume their sexual lives. The women in Duma’s study also mentioned that their partners did not force or coerce them to have sex.

In the current study, I found that initially all the participants wished to continue with their normal sexual activities and had trouble understanding that their partners did not want sex. Only some had a reasonable understanding that the rape was an upsetting event for their partners. Although all of the participants had a desire for intimacy, they felt insecure in themselves because they did not know whether their partners would reject their advances.

A common observation amongst the intimate partners was that the unpredictable changes of mood, the avoidance of intimacy, the poor communication and the aloofness of their partners caused mutual isolation. Their partners were not the same people they had known before the rape; participants were continually looking for answers regarding their partners’ behaviour. A lack of knowledge hampered their attempts to understand, causing them to take months to process the realities of their circumstances.

7.4.2.6 Feelings of frustration and abandonment when sex is refused

Sexual functioning is a significant indicator of a person’s ability to enjoy life (Barry, 1989:242). Unfortunately, sexual dysfunction is one of the long-lasting effects of rape (Wilson & Kneisl, 1996:567). The findings of the current study

showed that the intimate partners had trouble understanding their partners' need to refrain from sex or their partners' experience. The participants seemed unable to assess the circumstances and to act appropriately for the particular situation; instead, participants accused their partners of aloofness and coldness and held their partners responsible for their sexual frustration.

While most participants were very concerned about events in their relationships, they had truly lost the usual closeness with their partners. This closeness maintains an affectionate bond between couples, and any situation that endangers the bond elicits action (Barry, 1989:106). Although the participants tried their best to restore the bond, they seemed not to have the understanding or knowledge to complete the task effectively.

Davis, Brickman and Baker (1991:444) reported a similar interpretation in that people close to victims felt threatened by the victims' misery and uncertain about how they ought to react; they had little experience to guide them on what was appropriate or inappropriate to say and do. The intimate partner's inability to deal with his own anger and guilt may result in his partner perceiving his approach as unsupportive (Van den Berg & Pretorius, 1999:97). Astbury (2006:2) succinctly summarised the disturbance caused by rape: Abrupt changes in the balance of inter-personal relations and family functions may occur in direct parallel to the intra-psychic disharmony experienced by the rape victim. Based on the current study, I can only speculate to what extent the intimate partners' distress affected their partners. The topic may be appropriate for future research. Because of their feelings of uncertainty and inadequacy, which stemmed from a lack of knowledge of how to deal with their partners' mood changes and unpredictable behaviour, the participants became more critical towards, and distant from, their partners. I can empathise with what I interpreted from their narratives: If they had some knowledge of what to expect after the rape, they would perhaps have been more supportive and less critical of their partners.

7.4.2.7 Avoidance of intimacy

M. E. Smith (2005:149) indicated that PTSD symptoms might develop in the people who are caring for a rape victim; secondary victims had difficulty sharing their feelings, expressing their needs, controlling their tempers and modulating their moods. Primary rape victims might avoid, for a considerable time, any meaningful connection because feelings of any sort are too overwhelming and painful. Such behaviour by the primary victims might hurt their intimate partners, leaving the latter torn between needing and fearing closeness (Naparstek, 2006:129).

For this very reason, the participants in the current study reported that although they were sexually frustrated, they rather avoided being intimate because they feared the intensity of the feelings intimacy could provoke. The ongoing conflict about intimacy interfered with opportunities to deal with their own feelings and move on with their lives and relationships. The avoidance of intimacy was evident from both sides of the relationship.

Some of the participants expressed frustration with their partners' abstinence from sexual intimacy. At the times their partners did consent to sex, the experience seemed unsatisfactory: their partners would make negative remarks, talk about the rape or decide halfway through that they were not interested anymore. Some participants had trouble sustaining an erection, and some experienced problems with ejaculation. Another reason participants cited for avoiding sex was their partners' aloofness, which blunted them emotionally.

O'Sullivan (2003:63), in discussing the influence of rape on the primary victim, contended that during the adjustment phases, the victim's interest in sex would be understandably low. Furthermore, because rape causes a profound disruption of their basic trust in men, direct victims may want to avoid reminders of the trauma, shame, guilt and inferiority that they experienced after the rape. For these and other reasons, Duma (2006:223), Davis, Taylor and Bench (1995:80) and Janoff-Bulman and Frieze (1983:12) discussed the possibility of including an intimate partner from the beginning in support services offered to the rape victim.

Such inclusion will result in intimate partners developing a better understanding of their own reactions and feelings and being capable of coping better with themselves, their reactions and feelings. Intimate partners would then be able to understand and support the victim. The abovementioned authors suggested that social support, especially the support of family, lovers or friends, is a crucial aspect of the adjustment of the rape victim after rape. White and Rollins (1981:104) and Holmstrom and Burgess (1979:324) further emphasised that the significant others of rape victims experience personal difficulties, not only from the rape but also from subsequent changes in their inter-personal relationship with the survivor. In many instances, the painful reactions of the partners of rape victims result from their inability to understand and deal with their own anger and guilt.

Holmstrom and Burgess (1979:326) noted, however, that the men in their study who could consider their partners' pain as a high priority went out of their way to provide concrete help and support for partners to cope with their phobias and fears. In the current study, despite the fact that some participants wanted to be supportive, they had numerous unrequited questions about what to expect, or what to do, after the rape. The participants felt insecure about how to approach their partners or how to act towards them. Emm and McKenry (1988:276) also contended that significant others often wanted to be supportive but lacked the knowledge and confidence to succeed.

Beck, Rawlins and Williams (1994:251) noted that individuals who lacked support when feeling rejected might suffer similar feelings to those of individuals experiencing grief. Almost all the participants in the current study, although they tried to support their partners after the rape, had trouble coping with their own feelings as well as those of their partners, which again draws attention to a perceived need for support services for secondary victims. Strangely, most researchers on sexual assault still largely ignore the importance of support by intimate partners for their raped partners (Holmstrom & Burgess, 1979:321; Orzek, 1983:143; Remer & Ferguson, 1995:407).

At the six-month mark, only two participants reported that their sex life was back to normal. For the remaining seven, my interpretation was that in spite of their attempts to reassure their partners of their unconditional love, recovery was partial. Another two participants acknowledged that while during the first few months they had avoided any conversation about the rape, both were now able to share some of their experiences with their partners. The fact that they had started communicating had a positive effect on their relationships. The others, unfortunately, stated that their communication and intimacy problems remained.

In this study, only one participant's relationship ended (the decision of the primary victim) because of the rape. Connop and Petrak (2004:30) found that half of the six participants in their study experienced a break-up. However, whether the couples had a stable relationship before the rape or whether the break-up was the result of unsupportive intimate partners was unclear.

The findings in this section highlight a combination of difficulties that caused a great deal of personal and inter-personal distress because of the rape. Despite the hurt, anger, communication problems and sexual difficulties, a conspicuous finding of this study is that none of the participants deserted their partners or turned to other women for sex.

7.4.3 Sub-theme: Being-in-the-world with others

A number of studies on rape and sexual assault have illustrated the significance of the involvement of a social network for the recovery of primary and secondary victims of rape (Barcus, 1997:316; Emm & McKenry, 1988:272; Holmstrom & Burgess, 1979:321; Van den Berg & Pretorius, 1999:97). The participants in the current study who experienced relatively more severe coping difficulties clearly described that although they had trouble dealing with their negative feelings, they preferred not to involve family, friends, colleagues or employers because they feared their responses. These particular participants did not have a good relationship within their social networks, while the participants who had a good support network experienced fewer coping difficulties.

Social support refers to the various types of assistance that people receive from others: emotional, instrumental and informational. Emotional support relates to the things that people do that make one feel loved and cared for and that boost one's sense of self-worth, such as talking over a problem and providing positive feedback. Instrumental support includes various types of tangible help that others may provide, such as help with childcare, provision of money and transport. Informational support refers to the help that others may offer through the provision of information (Seeman, 1998:1-2).

The being-in-the-world with others sub-theme (see the second panel of the framework in Figure 11) is another component of the core theme of living in multiple worlds (see the right panel). In this study, being-in-the-world with others refers to (a) employers and colleagues, (b) family, friends, neighbours and the community and (c) professionals (justice and health-care systems). The related patterns (see the third vertical panel) of this sub-theme follow:

1. Supportive/unsupportive behaviour of employers/colleagues towards intimate partners' circumstances
2. Keeping the rape from family, friends, neighbours and the community for the time being
3. Supportive/unsupportive behaviour of family and friends
4. Supportive/unsupportive behaviour of professionals (justice and health-care systems)

7.4.3.1 Supportive/unsupportive behaviour of employers/colleagues towards intimate partners' circumstances

Although eight of the intimate partners were permanently employed, only three believed that they had an open relationship with their employers. The findings of the current study indicated that the support of their employers and colleagues was profoundly important for the intimate partners. Because of the sensitivity of the matter, a few participants said that they had only disclosed the rape to their employers after I had recommended they do so:

> It is only you and my boss I trust ... my boss is now very supportive after I followed your advice to inform him that what have happened to me is the reason why I am not myself for the past weeks.

Some participants trusted no one at work, neither their employers nor their colleagues. The intimate partners who had confided in their employers described them as caring, empathic and willing to listen. Others had a different opinion regarding the attitude of their employers; while their employers could see that the participants were not well, they were either completely work-oriented or indifferent. These participants, therefore, did not have the confidence to either confide in or trust their employers with their personal issues.

One participant had a poor relationship with his employer, which complicated his situation. Because the participant's work performance deteriorated, his employer demoted him to another section of the workplace without knowing about his circumstances. Magwaza (1999:628) described that after the rape, intimate partners perceive the world and people around them as threatening and, therefore, are hesitant to mobilise the support of others. This author suggested that a possible reason was that the majority experienced PTSD symptoms—they not only felt a strong sense of morality but also the absence of meaning in their lives as they grappled with their painful experiences.

7.4.3.2 Keeping the rape from family, friends, neighbours and the community for the time being

The rape was a source of division between the participants and people who had not experienced such an event; due to the sensitive nature of the matter, participants found it difficult to disclose the rape to others. The majority of the intimate partners in this study were determined initially to keep the rape from family and friends, fearing their reactions and the possibility of being blamed for not protecting their partners, as was also evident in the study of Barcus (1997:316). The participants who chose not to disclose also did so to protect their own feelings as well as those of their partners. The situation of the three foreign

participants was unique: Because they lived far from their family and friends, they had a limited social network from the start.

7.4.3.3 Supportive/unsupportive behaviour of family, friends, neighbours and community

Rudd (2003:69) suggested that while different individuals have different needs, whatever help is available will depend on the quality and quantity of social support the individual enjoyed prior to the rape. In the current study, participants described varying experiences at their initial interview sessions. Some participants who disclosed the rape to their family and friends found that their partners became the subject of gossip. The experience was most unsettling and contributed to social withdrawal. Other participants described their relatives as unsupportive and uncaring, which resulted in feelings of alienation. Apart from me as the researcher, some participants really had no one in whom to confide.

At the final interview sessions six months after the rape, the participants who, for the most part, had kept the rape a secret from their families had decided to inform their family and friends. Unfortunately, even then some relatives were unsupportive, so participants chose to avoid them to prevent further rejection. The reasons for the relatives' attitudes were unclear. One reason may have been a lack of knowledge on or skills to handle the situation (Holmstrom & Burgess, 1979:325). Differences in social class and culture may also have been operative. While only two participants found their families to be supportive, others derived support from close friends. Although all the participants considered the rape to be a very private issue, not one felt the need to ask partners to lie to others about what had happened.

7.4.3.4 Being with professionals (justice and healthcare): Supportive/unsupportive behaviour

The study participants who accompanied their partners to report the rape were angry with the police and the nursing staff at the rape care centre for neglecting them as the intimate partners. Being ignored by these professionals made them

feel insulted and alienated from their partners. One participant stated that the police treated him like a stranger, which was typical of the attitude of many professionals with whom the participants came into contact.

Brookings, McEvoy and Reed (1994:297) and Holmstrom and Burgess (1979:328) confirmed that rape victims, whether primary or secondary, frequently report negative or unhelpful reactions from legal and medical personnel. Negative responses from formal support providers have the potential to be particularly harmful to already traumatised victims (Ahrens, 2006:264; Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001:287; Davis, Brickman & Baker, 1991:443). In South African urban areas where rape care centres exist, the findings would apply only to secondary victims of rape, for whom formally structured support services are non-existent.

Even the participants whom I had referred for further therapy described negative experiences with health-care personnel at the community clinics, with the result that some participants were non-compliant with the recommendations they had received. One participant was admitted to a mental-health facility; the others received treatment on an outpatient basis. While I did not explore the reasons for their refusal of treatment in detail, my interpretation was that they included unsympathetic attitudes at the clinics, fear of stigmatization for attending a mental-health clinic and difficulty taking time off work.

At the interview session three months after the rape, one participant said that, as a couple, he and his partner were ready to move forward and forget their nightmare. They started attending a support group, but unfortunately, all the attention was focused on his partner, the primary victim, and again he and the other male intimate partners present were largely excluded from the discussions around the rape. Connop and Petrak (2004:36) postulated that the reasons men resist psychological services include difficulty admitting that they need help with the situation, difficulty identifying and processing emotional stress and a pattern of tuning out painful emotional and physical feelings. Such a topic definitely warrants further evaluation, particularly in the South African context.

In conclusion, I am increasingly convinced that a real and significant need exists for service providers to assist intimate partners in a forthcoming and structured manner to cope with their feelings and their relationship difficulties following the rape of their partners. The need is even more pertinent in light of the seemingly unsupportive social networks evident in the narratives of the participants' lived experiences.

7.5 Category 3: Outward Adjustment at the Personal and Relationship Level

Outward adjustment is the third concept in the left-hand vertical panel of Figure 11 and has two sub-themes, shown in the second panel.

7.5.1 Sub-theme: Attempts to cope with their daily routine and circumstances

This sub-theme has the following patterns, which appear in the third vertical panel of the framework:

1. Mobilisation of emergency problem-solving mechanisms
2. Comforting their partners versus containing their own pain
3. Feeling relieved and appreciating the opportunity to talk about their feelings
4. Denial
5. Substance abuse
6. Creating scapegoats for displacing their feelings

As a background to this sub-theme, I wish to present the following remarks on the issue of coping. I have shown that after the rape, intimate partners were immediately confronted with a crisis that caused emotions far beyond normal disappointment. The Stuart stress adaptation framework indicates that the basis of people's responses to stress is factors such as the nature of the stressor, the perception of the situation and an analysis of coping resources and mechanisms (Stuart & Laraia, 1998:75). Along these lines, Fortinash and Holoday-Worret

(1996:491-493) mentioned that the seriousness of a problem depends on many factors, such as a person's life experiences before the trauma, the individual's natural ability to cope with stress, the seriousness of the trauma and the type and amount of support the person receives from family, friends and professionals immediately after the trauma.

The focus of this study was not on the provision of psychiatric nursing care. However, the Stuart stress adaptation nursing framework provided me with the insight (a) that an individual is a component of a family, the society and the larger biosphere—nothing that happens to the individual occurs in isolation—and (b) that intimate partners of female rape victims are part of the immediate environment of the rape victim (Stuart & Laraia, 1998:66). The findings of the current study align with those of Remer and Ferguson (1995:407) who found that intimate partners experience adjustment difficulties and that the consequences of the rape put enormous strain on their relationship, partly resulting from a mismatch between the partners' stages of adjustment or a lack of reciprocity in the provision of support.

Although all the intimate partners realised that they could not have prevented the rape, they were nevertheless unable to adjust to the rape by means of their previous methods of coping with stressors and entered a state of disequilibrium caused by their feelings of powerlessness and anxiety. The rape immediately affected the couple's functioning and "separated their lives into two parts" (Sedler, 1987:438). Both plunged into a deep hole of despair with which they were required to cope and adjust. Threats to their sense of self and view of the world as being meaningful show that they had lost the sense of order and purpose in life. Such disorder calls for the mobilisation of coping strategies, which are a crucial factor in determining successful re-adjustment to a life-changing event during the re-integration period (Cunningham-McNett, 1987:98). One such coping strategy is to utilise any available social support (Lazarus & Folkman, 1984 cited in Magenuka 2006:2). According to Lang (2007:4), trying to re-establish control refers to the time during which people try to make sense of what

has happened and seek assistance. My suspicion is that the intimate partners enrolled in this study voluntarily because they needed support.

The current study shows that, perhaps as a result of society's expectations, the intimate partners were more concerned about their partners' health than their own. Because of their inability to cope with their own feelings, they experienced loneliness, rejection and separateness from their partners and were therefore not able to support their partners well. However, the primary victims seemingly did not realise that the rape had also affected their partners. From their side, the primary victims did not do much to support their men. A combination of these mechanisms caused physical and emotional distress in the intimate partners, an obstacle in their own adjustment process. However, all participants were determined to overcome the crisis because they wanted to move on with their lives.

Stuart and Sundeen (1995:141) stated that socio-cultural norms, values and beliefs greatly influence coping responses and the meaning assigned to them. Symptoms that indicate a problem in the context of one group may be tolerated or ignored by another group. The coping responses used and the way in which symptoms of mental illness are expressed may also vary amongst different cultures. Louw and Edwards (2008:647) reported that when individuals face a crisis, they mobilise all their previous and current coping skills, whether healthy or unhealthy, conscious or unconscious, in an attempt to prevent, eliminate or weaken the stressors. Thus, individuals either adapt to their stress or become exhausted. If their thinking becomes illogical and distorted, their problem-solving and communication skills start to be ineffective (Valfre, 2001:57).

Coping involves the demanding undertaking of re-constructing an assumptive world, a task that requires a delicate balance between confronting and avoiding trauma-related thoughts, feelings and images. Such mechanisms are the tools people use to cope with the difficulties of daily living (Valfre, 2001:57-58). The two most prominent coping approaches people employ are problem-solving and emotion-focused strategies (Taylor, 1998:1). Life events and coping are inevitably

inter-twined (Schwarzer & Schulz, 2001:2). Therefore, I deemed “attempts to cope with their circumstances” an appropriate concept to represent this part of the participants’ journey, which centred on the effective and ineffective coping strategies they had used to attempt to re-gain mastery over their circumstances.

Was there one typical pattern of reaction, and coping, to the stress caused by the rape of their partners? My interpretation of their stories was that their attempts to cope and adjust were more of an emotion-focused than a problem-focused response. At the initial interview sessions, the following broad patterns emerged related to how participants tried to cope with their daily routine and circumstances.

7.5.1.1 Mobilisation of emergency problem-solving mechanisms

Davis, Taylor and Bench (1995:79) found that although individuals close to rape victims could undeniably experience distress, the level of distress of the primary victim did not affect the significant other’s distress proportionally. Although the participants were coping differently from their partners, the purpose of my study was not to examine such an effect. Researchers agree, however, that secondary victims may experience moderate to severe stress reactions, similar to those of the primary victims (Barcus, 1997:316; Dyer, 2005:1; Mio & Foster, 1991:149; Remer, 2001:1).

From the initial interview and throughout the study, I found that most of the intimate partners did not have a well-established support network, which appeared to have made their psychological adjustment more difficult. The challenge of coping with their own feelings, addressing the responses of their partners and taking over the care of their children and other household chores was staggering. Mobilisation of emergency problem-solving mechanisms included taking a walk outside when things became too overwhelming, working overtime, living behind closed doors and writing down thoughts on paper, which worked well for some to channel their painful feelings.

7.5.1.2 Comforting their partners versus containing their own pain

Conner (2006:1) described that individuals who were secondary victims of severe trauma, despite that they were suffering too, learned to hide their real feelings. Secondary victims would rather support the people closest to them than try to ease their own suffering. Although such behaviour could be of help in the short term, the significant others might end up as casualties as well.

Secondary victims receive recognition not for their own problems but rather as providers of resources necessary to primary victim healing, or on the contrary, because their actions and reactions could interfere with that healing process (Remer, 2001:2-3). In the current study, I found a similar pattern: The participants, though struggling to cope with their own emotions and feelings, felt that they always had to try their best to support their partners first. The support ranged from caring for the children and doing household chores to emotional support. However, the participants were concerned about their exclusion from the treatment of their partners and troubled about their lack of knowledge on how to be supportive while themselves not feeling or coping well.

As evident in the Stuart stress adaptation framework (Stuart & Laraia, 1998:75), the coping strategies that the participants in the current study employed to conceal their real feelings were compensation and selective ignorance. The participants ignored their own needs and channelled all their energy into comforting their partners. Furthermore, the intimate partners felt that they would rather suppress their own feelings and tolerate their partners' behavioural changes because they did not want to upset their partners more.

Comforting their partners, juggling other responsibilities at home and continuing to work while suffering in silence were emotionally draining. Although the participants tried their best to suppress their anger and sadness in front of their partners, sometimes their frustration made controlling themselves difficult. The participants were concerned about the effect an outburst might have on their already distressed partners. Neither the limited availability of the researcher nor comforting their partners (versus containing their own pain) was a sufficiently

effective mechanism to safeguard the participants from developing PTSD (discussed later in the chapter).

7.5.1.3 Feeling relieved and appreciating the opportunity to talk about their feelings

According to the Stuart stress adaptation framework (Stuart & Laraia, 1998:75), one of the problem-focused coping mechanisms individuals use is seeking advice. The participants, nevertheless, had trouble opening up about their deepest feelings and experiences to a woman and a stranger. However, seven of the nine participants believed that they had benefited through their involvement in this study because of the opportunity they received to express their feelings of frustration to someone willing to listen.

Finlay (2005:271) advocated a research process called “reflexive embodied empathy”. In my study, I had an embodied inter-subjective relationship with the intimate partners; in other words, I created a therapeutic environment while listening empathetically. With my mental-health experience, I could encourage participants to vent their feelings during the interviews by asking probing questions, clarifying, reflecting and using silence. Moreover, because the process did not involve a once-off interview, I could build a trust relationship with participants. I followed the recommendations of Smith (2005:165), who noted that if researchers wanted to attend to the needs of male significant others after the rape of their partners, the researchers would need to listen to the men’s fears, accept their anger and be receptive to their responses to the trauma.

In a similar vein, Uys and Middleton (2004:143-158) and Allen (1995:46) observed that within a mental-health framework, comforting victims or survivors of trauma is one of the inter-personal competencies and attitudes evident in the therapist-client relationship, which allows clients an opportunity to vent their feelings. The same competency was apparent in the setting of the current research study, albeit as an unintended activity. Throughout the study, I also

progressively attempted to instil in the participants a sense of being secondary survivors, not secondary victims, of rape.

Conner (2006:1) suggested that after a traumatic event, recognising and talking about one's emotional and physical reactions to anyone prepared to listen are helpful. Although my primary role was as a researcher, as a mental-health nurse, I gently briefed the participants, from the beginning, that after the rape of their partners, they would also suffer pain and loss. Over the six-month study period, I observed their progress, moving backwards and forwards during the various cycles. All the participants narrated that the interview sessions had allowed them to vent some of their frustrations, which helped them to progress slowly on their journey of healing. Similarly, Duma (2006:252) highlighted the reciprocal benefit enjoyed by both the research participants and the researcher during the study.

Because the intimate partners were from diverse cultural backgrounds, and because I do not speak isiXhosa, an interpreter was present when required. The interpreter was also a female, and some participants requested a male interpreter with whom they would feel more comfortable. Despite his presence and mental-health background, I could not discern any obvious differences between the participants who spoke through the male or the female interpreter.

Although I explained to the participants during recruitment that they would not benefit from the outcome of the research, an unintended by-product of their participation was the opportunity to speak to someone about their issues, which was of great value to them. The fact that someone could listen to their stories made their coping easier. At the end of the six-month study period, only two of the men were still not coping well, and they continued with treatment at the referral facilities. I regularly contacted them to encourage adherence to the recommended treatment programmes.

Individuals using maladaptive coping mechanisms might display withdrawal behaviour in an attempt to escape from the reality of the trauma. One of the most problematic behaviours connected to PTSD is the need to avoid apparently

normal activities because they have the potential to provoke anxiety, panic or other overwhelming feelings (Naparstek, 2006:115). Interventions at this point in the crisis could prevent later serious mental illness or the development of chronic maladaptive patterns of behaviour (Rawlins, Williams & Beck, 1993:549).

Despite the participants' expression of perceived benefit from association with the researcher, I still found that the consequences of the rape and the many challenges participants had to face resulted in unhealthy defence mechanisms. The use of unhealthy defence mechanisms was particularly noticeable between the initial and the third-month interviews. Study participation had no therapeutic intent, and the interviews were probably too few to have a larger beneficial effect. Like Remer and Ferguson (1995:407), I inferred that if intimate partners were involved with their partners' treatment right from the beginning, they would have gained both information and insight to cope with the event.

7.5.1.4 Denial

Uys and Middleton (2004:25) defined denial as the "non-admission of awareness of certain aspects of the external environment". Louw and Edwards (2008:539) stated that denial serves as a buffer against a reality that individuals cannot yet accept; people can maintain denial for months or even years. In the acute phase, denial can include the person feeling stunned and confused or reacting with apathy by ignoring events. Denial is a stage of disorientation and unplanned reaction (Baumann, 1998:410).

Figley and Barnes (2005:385) wrote that attempts to control the uncontrollable often result in an entirely different set of personal and inter-personal consequences. In the denial stage, the person is shocked when hearing bad news; therefore, his or her ego assumes the important role of protection with a cloak of denial, instead of dealing with the internal conflicts (Frisch & Frisch, 2002:103). Adaptive cognitive processing serves as a buffer to protect trauma victims from extreme negative consequences, and the existence of maladaptive cognitive processing increases the individual's vulnerability to developing PTSD symptoms (Simmons & Granvold, 2005:290).

Rawlins, Williams and Beck (1993:245) explained that denial is the most common defence mechanism used by individuals grieving a loss. Denial certainly can help individuals to cope with traumatic experiences. In this study, the participants used denial to a degree to maintain a sense of normality and self-esteem. To blur their pain, the participants tried to put on a brave face in public, as if nothing were wrong. However, when such individuals are informed that they need health care, and they argue that "nothing [is] wrong with me", the use of denial becomes ineffective and counter-productive (Rawlins, Williams & Beck, 1993:245).

Janoff-Bulman (1989:113) regarded denial as a "psychological process that facilitates the course of cognitive integration, especially when the potential for total schema breakdown exists". The rape of a partner is a confusing experience, so one could see the denial process of the participants as a natural way of trying to protect them from the thought that something so horrible could happen to someone about whom they care. However, when denial was not enough, some participants started abusing substances.

7.5.1.5 Substance abuse

Dissociation is an adaptive mechanism present in every species; women tend to dissociate more than do men (Naparstek, 2006:61). The occurrence of dissociation during the time of a traumatic episode is strongly associated with vulnerability to PTSD, especially when experiencing flashbacks and intrusive memories. Dissociation helps to regulate or obliterate overwhelming feelings (Naparstek, 2006:137).

The study participants regarded themselves as social users of alcohol before the rape, but in an attempt to forget their pain, their separation from their partners and their feelings of inadequacy about controlling the situation, they started to drink more than usual. The participants gradually came to acknowledge that their increased substance abuse was due to their inability to cope with the rape and its aftermath. Naparstek (2006:61) wrote that drinking and intoxication have a very real protective value, but the coping strategy has a limited shelf life and may

decrease psychological arousal. In the current study, the intimate partners' heavy drinking and intoxication not only caused more damage to their relationship but also affected their daily functioning, in particular, their concentration and work performance, resulting in increased absenteeism and lack of money. Fortunately, due to their strong pre-existing relationships with their partners, most of the participants had the good insight and judgment to realise the damage of their alcohol consumption on a personal and relationship level. Between the third- and six-month interviews, eight of the nine men started to decrease their alcohol intake drastically, which conveyed a more positive outcome for themselves and their relationships. Although the intimate partners understood that their increased substance abuse had a negative impact on their finances and on their relationship, the substance abuse served as a buffer in the early post-rape phase to help participants mobilise alternative defences (Rawlins, Williams & Beck, 1993:242).

7.5.1.6 Creating scapegoats for displacing their feelings

For the first three months, the intimate partners remained angry with themselves, the rapist/s, the justice system and the government. Participants did not always have me to vent to, and in light of their poor support networks, their way of dealing with their anger was to displace their feelings onto something or somebody less threatening. Because the majority of the participants were employed, their clients, colleagues and the public were the innocent scapegoats who endured their outbursts of anger and agitation. As time progressed, the intimate partners realised that such behaviour was not appropriate, but they felt that they had little control over the outbursts. Regrettably, at the end of the study, some participants still occasionally felt tense and became involved in verbal altercations without provocation.

7.5.2 Sub-theme: Coping difficulties on the personal and relationship level

Coping difficulties is the second sub-theme (see the second vertical panel in Figure 11) under the category of outward adjustment. The sub-theme relates to the following patterns (see the third vertical panel) of the framework:

1. Re-experiencing the disclosure of their partners' rape
2. Reduced concentration and attention span
3. Avoidance of and withdrawal from situations/activities that could remind them of their partners' rape
4. Sleep disturbances
5. Appetite changes
6. Lack of energy
7. Concerns about poor impulse control
8. Self-isolation

Although all the participants in the current study experienced acute stress during the first week or two after the rape, one to three months later, they described various emotional and autonomic responses embedded in their consciousness. The related symptoms that they reported included repeated and uncontrollable thoughts of the rape (nightmares and flashbacks), avoidance (attempts to reduce exposure to activities, places, thoughts or conversations that could remind them of the rape) and psychological signs of increased arousal (sleep disturbances, irritability, angry outbursts and diminished concentration). Other physical symptoms were eating disturbances and those linked to anxiety, such as sweating, rapid heartbeat and headaches.

Such symptoms met the criteria of PTSD, as described by Carll (2007b:266) and Janoff-Bulman and Frieze (1983:2). The *Diagnostic and Statistical Manual of Mental Disorders Text Revision* (DSM-IV-TR) includes a list of the criteria (American Psychiatric Association, 2005:427-429). Kinchin (2004:13) found that virtually all of the people close to a primary victim of trauma suffer in a manner similar to the primary victim. In support of my findings is the report of Figley and

Kleber (1995:77), who concluded that intimate partners of rape victims were equally at risk of developing PTSD.

Interestingly, Jacob and Veach (2005:284), Gavranidou and Rosner (2003:130-131) and Keane, Weathers and Foa (2000:20) suggested that women and men experience trauma differently, and women have a higher risk of developing PTSD. However, the intention of the current study was not to compare the two genders. The reality was that the symptoms the study participants reported caused significant distress and impairment in important areas of functioning, such as their social lives, relationships and work lives.

Formerly, emotional trauma was referred to as hysteria, nervous shock or war neurosis (Everly & Lating, 1995:11). The development of PTSD as a diagnosis has created a structured framework for understanding how an individual's biology, conceptions of the world and personality are inextricably tangled with and shaped by experience (Stamm, 1995:33; Van der Kolk, McFarlane & Weisaeth, 1996:4). A PTSD diagnosis means that many neurotic symptoms are not the result of some "mysterious, bizarre or genetically-based senselessness, but of people's lack of ability to come to terms with real experiences that have beleaguered their ability to cope". According to Van der Kolk et al, (1996:4), "The existence of PTSD criteria has opened a door to the scientific investigation of the nature of human suffering". Hyer (1993:43) emphasised that the mere occurrence of stressors of traumatic events is not sufficient to conclude that a person suffers from PTSD; the person should experience specific symptoms to receive a PTSD diagnosis.

PTSD, therefore, is a disorder, recognised by medical professionals using specific diagnostic criteria (DSM-IV), resulting from exposure to a severely traumatic event (Robertson, Allwood & Gagiano, 2007:147). Both direct and secondary victims of rape have the potential to develop PTSD (Amir et al., 1997:399). Amir et al. found that the people with PTSD in their study did not differ in basic coping styles compared to a control group of people with mixed anxiety disorders.

Bower and Sivers (1998:635) wrote that although the DSM-IV criteria capture the salient features of trauma, the criteria do not form an objective operational definition but rather refer to the victim's beliefs and fear about some ongoing physical and/or social situation. Environmental factors, social support and coping abilities influence the person's construal of a potentially traumatic situation. However, each individual will react in a different manner to the same objective stressful situation (Bower & Sivers, 1998:635).

Hyer (1993:15) and Schulz, van Wijk and Jones (2000:137) speculated that reactions to trauma are as universal as exposure to trauma. Such stress reactions involve a series of behavioural and emotional responses following an overwhelmingly stressful event (Valfre, 2001:232). Victims of trauma, whether primary or secondary, are seldom "able to walk away from the experience as whole people" (Hyer, 1993:1). How people react to trauma depends on the person and on the severity of the situation; PTSD affects between 15% and 24% of all individuals exposed to traumatic events (Simmons & Granvold, 2005:290). Simmons and Granvold developed a cognitive framework to explain and understand post-traumatic stress.

During any given traumatic event, cognitive functioning is activated. The content of cognition (what the person believes, thinks and remembers), the process of cognition (attention, interpretation, encoding, cognitive elaboration and retrieval) and the structure of cognition (cognitive networks, associative linkages and the stored memory that houses the event) work together to transform the event into the person's subjective meaning (Simmons & Granvold, 2005:290). Another cognitive function that encompasses information processing (perception, selection, concentration, recall, coding, reasoning, decision-making and impulse control) may result in meaning distortion. According to Nurius and Berlin (1995), during traumatic events, individuals rely heavily on their pre-trauma internal structures to make sense of the experience and then incorporate the new information into their existing network of schemas (as cited in Simmons & Granvold, 2005:290).

PTSD usually resolves spontaneously within six months of the traumatic incident (Nicol & Steyn, 2009:445). If symptoms persist for longer than six months, the condition is chronic with a drastically diminished prognosis (American Psychiatric Association, 2005:427-429). These symptoms may result in an amplified risk of other anxiety or psychiatric disorders (Van der Kolk, McFarlane & Weisaeth, 1996:183).

Davis, Taylor and Bench (1995:80) studied the impact of rape on female rape victims and their intimate partners; from the primary victims' accounts, Davis, Taylor and Bench concluded that all the intimate partners developed PTSD. I have come to a similar conclusion in the current study: All of the intimate partners developed some features of PTSD according to the DSM-IV criteria. An important criterion was that the stress reactions that the participants experienced initially had persisted beyond the first month after the rape.

7.5.2.1 Re-experiencing the disclosure of their partners' rape

I was unaware of how the participants individually coped with stressors prior to the rape. Their diverse personalities, educational backgrounds, marital status, social support networks and socio-economic circumstances made no apparent difference to their experience of the effect of the rape. All of the participants tried to avoid the experiences that reminded them of their ordeal as secondary victims of rape.

Some of the intimate partners' narratives raised the possibility of re-traumatisation. Because re-traumatisation was of great concern to me, I discussed the situation with a psychiatrist who suggested that I refer the particular participants for psychotherapy (J. Schronen, personal communication, 10/06/2009). Most of the participants, however, refused referral and stated that they were happy to continue sharing their experiences with me, rather than seeing a new person.

Almost all of the participants experienced involuntary traumatic flashbacks and nightmares, and a few reported auditory and visual hallucinations over which they had no control, which they found distressing. Everly and Lating (1995:22) explained that the visual imagery and emotional distress that can occur in PTSD are intrusive, involuntary and unexpected. According to Stein and Seedat (2008:1) and Schiraldi (2000:7), intrusive re-collections can occur in the form of thoughts, images or perceptions. The intrusions are uninvited and unpleasantly painful, and people wish that they could stop them.

The participants described that the intensity of their flashbacks and nightmares did not diminish over time as they had hoped. The participants were also re-experiencing certain aspects of the rape. However hard they tried to suppress these thoughts, they seemed to be fighting a losing battle, which affected their sleep patterns and concentration. A common experience was that falling asleep took a long time. Between 2 o'clock and 4 o'clock in the morning, some participants would suddenly wake from nightmares that had taken them back to the moment they learned of the rape. When they woke, the participants were breathless and sweaty.

A trigger that reminds the person of the trauma might start the intrusions, which can elicit feelings of fear and vulnerability, causing sadness, disgust or guilt (Schiraldi, 2000:7). Nightmares can be fairly accurate re-plays of the traumatic event, or they might symbolically depict the trauma with themes or threats of being trapped or chased by monsters or of dying (Schiraldi, 2000:8). Another salient feature of re-experiencing the event is the occurrence of flashbacks (Hyer, 1993:43), which are visual re-plays of the traumatic event. Exposure to such traumatic intrusive memories is often very psychologically distressful (Schiraldi, 2000:8).

According to Bower and Sivers (1998:626), locations or activities often trigger flashbacks, which practically disconnect victims from their present surroundings. In the current study, the participants who had sex shortly after the rape experienced a peculiar type of flashback. They reported that while they were

having sex, they sometimes thought of the fact that another man had entered their wives. Such flashbacks were disturbing and frightening. The participants expressed concern about the negative consequences of the flashbacks on them personally, on their relationships and on their work performance. At the final interview, the majority of the intimate partners reported that traumatic dreams and flashbacks were less vivid and frequent. The study period was too short to monitor the long-term prognosis regarding these experiences.

7.5.2.2 Reduced concentration and attention span

Frisch and Frisch (2002:619) found that the rape of partners affected intimate partners' cognitive functioning during the first three months, which in turn affected their daily functioning in important areas of life. Poor concentration and attention span are common signs amongst traumatised individuals with PTSD. Participants in the current study were worried about how much time they wasted trying to remember what they were doing or where they had put things. They took longer to complete tasks when they forgot with what they were busy.

Some participants described that the consequences of their impaired concentration in the workplace were serious. The participants made errors, and their employers reprimanded them for their poor work performance and threatened to dismiss them if they continued to perform poorly. Their employers demoted some participants to work in less demanding areas. Such actions of their employers caused additional distress, which to absenteeism. At the end of the six months, only a few participants reported that they still had trouble with concentration and attention span.

7.5.2.3 Avoidance of and withdrawal from situations/activities that could remind them of their partners' rape

One of the most problematic behaviours connected with PTSD is the need to avoid some apparently normal activities because they have the potential to provoke anxiety and other overwhelming feelings (Naparstek, 2006:125). At both the one-month and three-month interview sessions, the majority of the intimate

partners described attempts to avoid situations and activities that might remind them of the rape. For example, participants were apprehensive about reading any newspaper or magazine, listening to the radio or watching television in case they read, saw or heard something related to rape.

The findings of the current study are congruent with the findings reported by Keane, Weathers and Foa (2000:19) and Stuart and Sundeen (1995:342), who stated that individuals who suffer from PTSD would try to avoid all reminders of the ordeal. They will refuse to talk about the event, or they might block out all thoughts, images or feelings accompanying the event. PTSD sufferers will avoid activities and places that, and people who, arouse any recollections. Some isolate themselves from others and become housebound in an effort to evade fearful and uncomfortable circumstances (Schiraldi, 2000:10; Van der Kolk, McFarlane & Weisaeth, 1996:12).

Some individuals deliberately avoid their painful feelings by turning to alcohol or drugs or by working longer hours than usual (Hyer, 1993:56). Frequently, individuals may feel detached from others or disconnected from their future. One form of avoidance observed in the current study was inter-personal detachment, distancing and withdrawal behaviour within the relationship.

7.5.2.4 Sleep disturbances

All the participants stated that their sleep patterns were normal prior to the rape. At the initial interviews, all were experiencing symptoms of hyper-arousal, which included a disturbed sleep pattern due to re-experiencing the rape and flashbacks. As in the current study, Wilson and Keane (1997:71) found that one of the characteristics of post-traumatic stress is excessive general arousal and/or arousal subsequent to exposure to internal or external triggers. The nervous system becomes sensitised by the overwhelming trauma (i.e., general arousal becomes prominent), while the nervous system overreacts to even smaller stressors (Schiraldi, 2000:8). The individual may have difficulty falling or staying asleep and may suffer from awakenings. Awakenings may be the consequence

of nightmares, or fear of nightmares, resulting in a fear of going to sleep (Schiraldi, 2000:8).

Tull (2009:2) noted that nightmares are one of the re-experiencing symptoms of PTSD, while difficulty falling or staying asleep is one of the more common hyper-arousal symptoms of PTSD. The intimate partners were all able to acknowledge the reason for their sudden changes in sleeping patterns, including distressing dreams, flashbacks and nightmares. Nevertheless, the experiences were unpleasant and caused a persistent lack of energy, which made the participants more agitated with everyone and affected their work performance.

7.5.2.5 Lack of energy

The disturbed sleep patterns caused the participants not to have the energy to continue engaging in the activities they had enjoyed before the rape. Some reported that the people around them did not perceive them as the energetic persons they were before. Repercussions were evident even in the workplace.

Although the majority of participants encountered these disturbances for the entire six months, some reported during the third month interview sessions that their sleep patterns were back to normal. At the final interview, two participants were still severely affected. In spite of their attempts to cope and heal after their ordeals, they had not adjusted at all and had moved back to the crisis phase.

7.5.2.6 Appetite changes

At the interview sessions three months after the rape, most of the participants expressed that they had experienced a decrease in appetite. Although a few reported significant weight loss of up to 2 kilograms over the three months, the majority of intimate partners did not report any significant weight loss (which could be linked to major depression, for instance). At the final interview sessions, the two intimate partners described in the previous section as not coping well reported that although they forced themselves to eat, they continued to lose weight. The other participants did not exhibit residual loss of appetite or weight at

the end of the study. Duma (2006:224) described that the participants in her study believed that regaining one's appetite and weight following sexual assault trauma was a positive sign of a journey of recovery.

7.5.2.7 Concerns about poor impulse control

At the second interview sessions, all the participants reported that during the first month after the rape, they had done everything in their ability to combat their distress, hoping that their relationship and circumstances would improve. The participants who reported an increase in substance abuse said that while they clung to these coping strategies, they realised that the methods were no longer effective. My interpretation was that the participants displayed impaired adjustment, with negative consequences in both the personal and relationship spheres. Adjustment to their circumstances became a demanding experience in the absence of a formal support structure.

One participant described how he took his anger out on the cars on which he worked. He had damaged some of the cars due to his emotional liability since the rape. Other intimate partners reported that they had started drinking more, but all such efforts to suppress their anger failed, leading to negative interactions with clients and colleagues. A few participants revealed that when strangers dared to look at them, they would start shouting at them for no reason. The participants were very concerned about such behaviour because it obstructed their relationships with others. Allen (1995:60) similarly found that individuals exposed to secondary trauma have a tendency to experience severe emotional conflicts about their anger and the expression thereof.

The Stuart stress adaptation framework shows that coping responses and expression of symptoms of mental illness can vary according to culture (Stuart & Sundeen, 1995:141). Health practitioners should be aware of the client's cultural background, which could improve therapeutic effectiveness.

Some of the participants believed that their concentration difficulties and nightmares related to their anger toward themselves for not protecting their partners. Indeed, Notman and Nadelson (1976:409-410) described that suppressed anger can transform into guilt and self-blame. Individuals who suffer with PTSD might experience irritability or display extreme anger outbursts (e.g., smashing things and being intensely criticising or very impatient). If unresolved, the anger results in fatigue, mixed with feelings of shame and frustration (Schiraldi, 2000:8; Tull, 2009:2).

A major obstacle to participants' healing processes was the lack of structured integrated services for both intimate partners and their partners. Despite formal referrals, the health-care professionals' attitudes towards the participants were not always helpful. An encouraging indicator was that by the sixth month, the narratives of all but two participants showed that the few scheduled talks in which they had engaged with the researcher as study participants had gradually made them see their circumstances and relationships from a different perspective. Participants felt that their situations were starting to change for the better; they were slowly starting to heal because they wanted to move on with their lives.

The two intimate partners who were still experiencing coping difficulties at the end of the study displayed the signs and symptoms of major depression instead of an enduring post-traumatic effect. Despite my referral of them to local community clinics, both declined further treatment. I informed their partners of my concerns, asked them to monitor their progress and gave them the details of the mental-health facilities in their area should they need to make contact.

7.5.2.8 Self-isolation

Between the third and sixth month after the rape, and apart from avoiding activities that could bring back memories of the rape, the majority of the participants reported that they tended to isolate themselves from their partners, family, friends and society in general. Isolation was an easy way for participants to escape their circumstances. I interpreted the meanings of their narratives to

reflect a sense of deep embarrassment about what had happened and about their changed behaviour. Preventing others from finding out about the rape allowed participants to avoid possible blame for not protecting their partners. Participants were further concerned about their own poor impulse control and what they might do to others in anger if provoked.

Participants were increasingly avoiding their partners because they did not want the partners to know of the difficulties they were experiencing in dealing with their own feelings. Moreover, their partners largely ignored or deflected their attempts to discuss their distress because they, as the primary victims, were experiencing their own trauma. Some participants worked longer hours or volunteered for overtime, which led to arguments between them and their partners because the partners did not want to be left alone. Accusations of being unsupportive increased participants' guilt feelings of not being there for their partners.

Participants described their general experience as being like living behind a mask. The distances created by their avoidant behaviour minimised their exposure to difficult or embarrassing questions, allowing participants to hide their pain. Such experiences are reminiscent of the study by Barcus (1997:323), who found that men in a support group believed that "men are not allowed to cry" and, because of their male roles, are expected to be strong, independent and self-reliant.

Some of the participants described that because they already felt guilty about not being able to protect their partners, they were becoming over-protective, restricting their partners' movements and keeping them at home. Uncomfortable silences at home ensued because the couples could not talk to each other without arguing. Participants had lost their trust in people and preferred to stay at home, which gave them a feeling of safety and made them feel less guilty about leaving their partners alone at the time of the rape. During this period, life was lonely for participants; they would simply go to work and travel straight home afterwards.

Two participants could not face being at work. Their absenteeism caused their employers to reprimand them, but because of their embarrassment, the participants preferred to keep the rape and their feelings a secret. In contrast, the other participants worked longer hours to avoid the uncomfortable situation at home. Such self-protective withdrawal patterns of behaviour were also evident in the studies of Remer (2001:2); Morrison, Quadara and Boyd (2007:1); Van den Berg and Pretorius (1999:99) and Miller, Williams and Bernstein (1982: 51-58). Some have associated avoidance with PTSD because social contact has the potential to provoke anxiety, panic or other overwhelming feelings (Naparstek, 2006:125; Nicol & Steyn, 2009:445).

In the current study, only three participants reported that after they disclosed the rape to others, they started to socialise again and felt more inclined to leave their homes without fear of what others might think of or say to them. At the end of the study, the majority of the participants were less reclusive and had resumed their daily lives at work and home. A few, however, still experienced negative attitudes and behaviours from their partners and continued to keep some distance by living in their "own corner[s]".

7.6 Category 4: Re-organisation of Life at the Personal and Relationship Level

Still within the broad core theme of living in multiple worlds (see the right vertical panel of Figure 11), the re-organisation category is the fourth and last concept in the left vertical panel and includes one sub-theme (see the second vertical panel).

7.6.1 Sub-theme: Searching for integration and resolution

Remer and Ferguson's (1995:410) descriptions of adjustment, integration and resolution at the personal and relationship level were most instructive in discussing this sub-theme. The following patterns (see the third vertical panel of the framework) emerged:

1. Accepting/not accepting the rape of their partners
2. Not being ready for closure
3. Expressing their need for professional support

7.6.1.1 Accepting/not accepting the rape of their partners

The findings of this study indicate that the intimate partners felt shattered after the rape trauma. During the first three months, the study participants saw no hope for themselves or for themselves and their partners as couples. Between the third and the sixth month, all nine participants had expressed a desire to return to their pre-trauma level of functioning, yet not all were able to put the event behind them completely to achieve this ideal.

Connop and Petrak (2004:32) reported that the intimate partners in their study also experienced severe communication difficulties with their partners. Arguments arose frequently due to their troubled conversations linked to the rape. In contrast to Miller, Williams and Bernstein (1982:51-54), who reported that up to 80% of the women in their study experienced some break-up of their relationships after the rape, in the current study, only one relationship was ended by a primary victim. Another threatened to leave because of the long hours her partner had started to work after the rape. At the last interview session, all the other intimate partners were integrating the rape into their lives and did not intend to leave their partners.

Shepherd, Boardman and Slade (2008:1-2) believed that recovery after a traumatic experience starts when the traumatised person has a goal, a direction, an inspiration, faith or hope. Such a view resonates with the methodological underpinning of the current study, based on the hermeneutic theories of Paul Ricoeur, which focuses on the present, the past and the future (Reed, 1994:337). Having some forward-looking, positive perspective after what the participants had experienced was an important aspect of their eventual recovery prospects.

My interpretation of the narratives was that most of the intimate partners wished to move forward with their lives. Many participants realised that they could do nothing to change the fact that their partners had been raped. In other words, "their former reality would be enduringly distorted" (Sedler, 1987:440). Between the third and sixth month, to move on with their lives and relationships, the participants had to re-organise themselves by integrating the rape of their partners and the consequences thereof on a cognitive, emotional, behavioural and interactional level.

The underlying concept applicable here is locus of control, which refers, in psychology, to a person's perception of the underlying main causes of events in his or her life (Taylor, Schepers & Crous, 2006:63). An external locus of control relates to the individual's beliefs that are guided by fate, luck or other external circumstances, while an internal locus of control reflects an individual's beliefs that his or her personal decisions and efforts guide his or her behaviour. Whichever locus of control was operative, re-organisation in this study had to start with the participants' determination to return to their previous level of functioning. To move forward, participants had to take responsibility for their actions and incorporate their circumstances into their lives on a personal and a relationship level.

At this point, participants realised that for them to achieve their goals, they would have to move through certain cycles of adjustment, backwards and forwards, but mainly forwards. Although the process was not easy for some participants, most indicated between the third and sixth months that they were starting to feel in control of themselves because of their determination to return to their old selves. Bradshaw, Roseborough and Armour (2006:124) confirmed that when traumatised individuals develop a desire to change, finding a source of hope and inspiration and having a person to support them through the process are important factors that would facilitate their recovery.

The intimate partners acknowledged that they had been wounded and were seemingly ill-prepared for the multi-faceted challenges they confronted, such as

relationship stress and lack of support from partners, employers, family, friends and professionals. The participants would come to realise that the aftermath of the rape had affected them, their relationships, their social networks and their daily functioning at work and home. Recovery would be neither quick nor straightforward. Between the first and third months, the rape had significantly affected their lives, and they had experienced coping difficulties at the personal and relationship level.

All the participants had developed PTSD which included re-experiencing the disclosure of their partner's rape, reduced concentration and attention span, avoidance of and withdrawal from situations/activities that could remind them of their partner's rape, sleep disturbances and appetite changes. These symptoms meant they experienced numerous setbacks in their own adjustment processes. Although they sometimes felt that they were not meeting the goals they had set for themselves and their relationships, all the participants were determined to return to their pre-trauma level of functioning. From a mental-health and cognitive-behavioural perspective, participants continued to strive to be positive despite the difficulties they were experiencing.

Gradually, participants started to manage their feelings better. They were determined to heal and not to carry the label of secondary victim forever; though some battled to cope in certain areas of their functioning, the intimate partners felt strongly about being positive and orienting themselves toward the future. In support of such goals, Eagle (2000:319) concluded that once clients started to understand themselves, that they were secondary survivors instead of secondary victims, they started to see hope for their future, which encouraged them to live with an altered view of themselves, their loved ones and the world around them.

7.6.1.2 Not being ready for closure

Some of the participants had more trouble coming to terms with what happened than did others. Throughout the study, they were largely pre-occupied with their anger and guilt. Remer (2001:4) emphasised that the pre-trauma level has a

significant impact on re-organisation, making the required modifications more or less easily achieved. The more spontaneous, flexible and resourceful the person was pre-trauma, the more effective and quicker will be the re-organisation.

The more complete the re-organisation (self-organisation), the more likely the healing will be to move into the final stage, which refers to integration and resolution. However, the re-organisation, if only partially successful, may lead to re-visiting one of the previous stages. Integration means that the secondary survivor has accepted the trauma and made it a part of his or her personality structure at the cognitive, emotional, behavioural and inter-personal levels. Remer (2001:4) added that resolution does not mean a finished product but rather the ability to see more clearly the ongoing aspects of the healing process and their continuance, perhaps forever.

Like the primary survivor, the secondary survivor must be prepared to continue the process indefinitely as new aspects of the primary survivor's trauma surface. An important feature of this stage is that after reconciling the rape, the intimate partners use other coping mechanisms and twist their negative thoughts into positive meanings extracted from the experience (Remer, 2001:4). Although the intimate partners in the current study had not fully recovered at the study's conclusion, they at least had some hope. To move on with their lives and to enhance their relationships and self-esteem, participants said that they would have to accept, or had already accepted, the rape.

Empowerment and re-connection are the core experiences of recovery from trauma (Figley & Barnes, 2005:396). For the first three months of the current study, no difference was evident between the intimate partners who had a good social network and those who did not because, after a month, they all reported symptoms that met the criteria of PTSD. However, at the end of the study, the participants who had disclosed the rape to their families and who were married appeared to be more in control of their circumstances than the participants who had not disclosed the rape and who were not married.

The re-connection stage starts when the grieving individuals begin to focus their energies on living, returning to the real world and accepting their loss as a reality (Valfre, 2001:216). In the current study, once the participants' feelings of anger had abated, they appeared to start thinking differently. They expressed that life must continue, and as they began thinking in this manner, they started to pay more attention to their relationship and to themselves. To continue with life, they had to accept, or strive to accept, the rape of their partners as a reality.

The intimate partners' methods of coping seemed to differ. Possible reasons were the quality and quantity of their social networks, their perception of the rape and the presence or lack of appropriate coping behaviours. Some intimate partners also described that residual communication between the couple after the rape meant that both partners could talk about it, which helped them both to feel better. In contrast, some participants experienced poorer communication with their partners, which hampered the process.

Working through a grief process assists people in piecing themselves back together, in re-integrating their lives, in finding meaning in new relationships and in re-establishing a positive picture of themselves (Valfre, 2001:215). Participation in this study may have created an atmosphere for the intimate partners to work through their grief, even in a limited way. Another highlight of this study was to observe that most of the participants who had complained of sleeping or eating disturbances, exhibited poor concentration and re-experienced the rape described that after they had accepted the rape, their functioning in these areas improved. According to Janoff-Bulman (1989:113), both primary and secondary victims can perceive some benefit in their traumatic experiences, which helps them to believe that the world is still a worthwhile place in which to live. Taylor (1983:1161) added that more positive personal interpretations of trauma could assist victims in re-integration.

The current study shows that the intimate partners who accepted the rape of their partners, although not ready for complete closure, were able to move forward with their lives. However, two of the participants at the end of the study had

adjusted poorly and could not accept the rape of their partners. These participants felt that, because of circumstances beyond their control, they had reverted to how they were feeling during the first days of their crises. Both had defaulted on treatment and had not attended their follow-up appointments at the mental-health clinics to which I had referred them. Interestingly, both these men had been in an intimate relationship with their partners for only a few months before the rape—their relationship might not have been firmly established yet.

7.6.1.3 Expressing their need for professional support

Throughout the study, the intimate partners expressed that they would have appreciated being involved in the treatment of their female partners from the beginning. Such involvement may have prepared them for what to expect and taught them how to deal with their and their partners' emotions. Astbury (2006:5) described that relationships can suffer depending on how well or badly the people closest to the victim are able to understand the impact of sexual assault and respond to its disclosure. Astbury added that the more information intimate partners had on the psychological effects of sexual violence on the victim, the better they would be able to assist the victim and understand her experience.

The intimate partners in this study reported feeling neglected and isolated because no one at the police station or at the rape care centre acknowledged them or supplied them with any information. Smith (2005:149) observed similar complaints and concluded that if health practitioners had a better understanding of an intimate partner's needs, they would be in a position to render a superior service to both the rape victim and his or her partner. Simmons and Granvold (2005:290) cited previous research on risk factors for PTSD in noting that a lack of social support following exposure to traumatic events plays a role in an individual's ability to (a) work through experiences and (b) perform daily functions. Life stress and a lack of support can exhaust coping and adaptation resources, which increase the risk of developing PTSD.

All of the intimate partners expressed how grateful they were when their partners told them about the current study because they felt that someone was interested in listening to their side of the story. The professionals with whom they had engaged until that point had treated them like strangers. The participants emphasised their conviction that other intimate partners should not have to experience the same predicament because services should be readily available after rape to support both members of the couple.

The participants noted that obviously counselling would have benefited them while they were trying to make sense of the meaning of the assault of their partners. More than once, all the participants raised the issue of supporting their partners after the rape. While they tried their best to support and respect their partners, the participants' lack of knowledge made the task complicated and confusing, leading to a multitude of difficulties in their relationships. Rape conceivably can precipitate sexual difficulties, so involving intimate partners in the treatment and counselling process to gain knowledge and understanding around sexual issues after a rape would make sense (McIntosh, 2005:2).

Mio and Foster (1991:152) and Emm and McKenry (1988:272) confirmed that the male significant others who participated in their studies wanted to be supportive but did not know what to say to the victim. Furthermore, an absence of support and help for and understanding of intimate partners contributes to their inability to deal with and overcome their own problems after the rape. The inability can escalate into disabling social and mental-health dysfunction, such as social withdrawal, post-traumatic stress, depression and sleeping problems (Smith, 2005:159).

Nearly three decades ago, Miller, Williams and Bernstein (1982:51-58) stated that after the rape of a woman, medical personnel focused all their attention on the survivor, ignoring the experiences and needs of her intimate partner. The procedure is largely similar today, at least for the study participants. When both the intimate partner and the victim receive support and counselling as a couple, they can deal with the crisis of the rape together (White & Rollins, 1981:104). In

addition, because male significant others form part of their partners' adjustment process, support groups should be available in which these men can share their experiences. Such support groups will enhance the intimate partner's ability to provide the rape victim with support (Rodkin, Hunt & Cowan, 1982:91).

However, in Cape Town, where specially structured government-sponsored rape care centres have existed for a decade or longer, none offered any support programmes either for the intimate partner or for couples. Such observations are in line with the findings of Emm and McKenry (1988:272) that whilst social support is the single most important aspect of the recovery process of the rape victim, significant others of rape victims are excluded from treatment plans. White and Rollins (1981:104) found that the availability of support programmes for couples after a rape was limited.

The presence or absence of professional support can either relieve or aggravate the significant other's experience of trauma (Brookings, McEvoy & Reed, 1994:298). Rudd (2003:83) recommended that because both the rape victim and her partner experience a crisis after the rape and are in need of help, both should receive support to allow them to continue to function as a unit. Davis, Lurigio and Skogan (1997:29) concluded that providing support for significant others at an early stage of the trauma could minimise or prevent later problems and dysfunction for both partners.

7.7 Conclusion

The basis of the findings of this study was the subjective responses of the intimate partners, elicited through four interviews conducted systematically with each participant over a period of six months. I developed an integrated conceptual framework to symbolise my interpretation of the narrative descriptions of participants' lived experiences after the rape. The purpose of developing the framework was to link research, theory and practice by merging reviews of other theoretical frameworks related to the impact of traumatic events on individuals (including the victim perception theory, the general systems theory, the Stuart

stress adaptation theory and a cognitive framework to understand PTSD) with the findings of the study into one conceptual construct. The four theoretical frameworks represent a body of evidence related to how trauma affects individuals and how individuals cope with traumatic experiences. Each individual copes in a different way depending on the individual's assumptions, values and beliefs; the harshness of the trauma; the amount of support and the presence of any other stressor in the person's life at the time of the ordeal.

The literature in general and the four frameworks in particular provided me with a deeper understanding of the meanings of the lived experiences of intimate partners of female rape victims and the effect of the rape on the personal and relationship levels. The consequences of the rape virtually affected the participants' whole existence: physically, mentally, socially and cognitively. I have no doubt that what I interpreted of the life-world of these nine men is a broad reflection of what intimate partners anywhere experience after the rape of their partners.

Although the rape affected all the participants' relationships negatively, only one participant's relationship ended at his partner's request because she could not cope with her own experiences after the rape. From the longitudinal component of the study methodology, I could discern progressive adjustment and recovery in seven of the nine participants over the six months. The lack of support for intimate partners was a constant theme. Speculating how different matters would have been for these nine men if they had not had the opportunity to ventilate their experiences in this study or if they had received proper counselling and support after the rape is intriguing.

CHAPTER 8: RECOMMENDATIONS AND CONCLUSIONS

8.1 Introduction

Impressionist painters, such as Monet and van Gogh, used brush strokes to paint the real life around them. For me, while conducting this study, a particular painting by Monet, The Impression Sunrise, became symbolic of the participants' lived experiences. At first glance, the painting is difficult to understand, but after stepping back, the blurred lines form a bigger picture—a picture similar to a photograph emerges, yet the lines are softer.

In this study, I attempted to paint such a picture of the lived experiences of intimate partners of female rape victims within the first six months after the rape. While interpreting the data (the narratives of the participants' lived experiences), I could see that the stories reflected the brush strokes, the bright as well as the dark moments of their experiences. Chapter 8 provides a view of the entire "painting" from a slight distance to reflect a brief outline of the research process, concluding with a discussion of the strengths and limitations of the study, as well as the recommendations stemming from its findings. The voice of the first person is evident.

For me, the focal point of a hermeneutic phenomenological research approach is the picture inside a painting; in other words, in this study, the focus was what the object inside of the painting was saying to me. The method was, in my view, appropriate to explore the lived experiences of the participants. I believe that the findings of this study are valid and will promote an awareness of the phenomenon amongst professionals who provide care for victims of sexual violence. Based on the information obtained from the participants and my interpretation thereof, I have made various recommendations for future researchers, policymakers, the justice system, nursing educators and health-care practitioners on the ground. The aim of such recommendations is to improve the circumstances of male intimate partners after the rape of their female partners.

8.2 Overview of the Research Process

The research question that guided the study was the following: What are the lived experiences of intimate partners of female rape victims during the six months following the rape? In particular, I wanted to determine the meaning the participants attached to such experiences and establish how they dealt with the experiences. Each intimate partner participated in four semi-structured interviews over a period of six months. Ricoeur's theory of interpretation in hermeneutic phenomenology formed the framework for the analysis and interpretation of the data.

Although Geanellos (2000:112-113) noted that aspects of Ricoeur's theory could pose problems for interpretive researchers, I tried to apply the basic concepts of Ricoeur's theory, including distanciation, appropriation, explanation, understanding and the hermeneutic circle of interpretation in an ethical manner in this study (as discussed in Chapters 4 and 5). The two core themes that emerged from the data were secondary victimisation and living in multiple worlds. A discussion of the strengths and limitations of the study identified during the research process follows.

8.3 Justification of the study and its contribution to original knowledge

The main difference between this study and most others pertaining to sexual assault in South Africa is the examination of an important and under-researched subject in the area of sexual violence: the lived experiences of male intimate partners of female rape victims and the meaning they attach to such experiences within the first six months post-rape. The aim was to obtain in-depth knowledge and understanding of their experiences. For Morse and Field (1995:152), "perceptions present people with evidence of the world, not as it is thought but as it is lived, which means people experience their world through perceptions". Therefore, understanding and interpreting how each of the participants perceived and attached meaning to their experiences and recognising the changes in their perceptions over a six-month period were important.

The study supported the use of narratives to explore the phenomenon. I was able to explore the lived experiences of the participating male intimate partners to develop an integrated conceptual framework to present the findings. Although Polit and Beck (2004:119) warned that conceptual frameworks "cannot be proved", I made every effort to explain the components of the framework and describe the phenomena accordingly. Although the framework has not been validated in practice, I believe that the framework is evidence based and a major outcome of this study. The framework has the following benefits and properties:

1. The integrated conceptual framework could provide professionals and researchers with a logical, holistic view of the phenomena in question. The constituent concepts are an accurate depiction and representation of the lived experiences of the intimate partners of female rape victims in this study. The framework can serve as the platform from which to inform prospective researchers of the phenomena because descriptions of the component categories, themes, sub-themes and patterns appear in Chapter 7.
2. Health-care professionals involved with rape victims can use the framework to broaden awareness of the impact of rape on secondary victims from a holistic, mental-health and cognitive-behavioural perspective. Policymakers and administrators can utilise the findings to plan new intervention programmes or improve existing protocols to address the needs of female rape victims and their partners in the future. The aim would be to render comprehensive client care for sexual violence victims at clinical facilities. I have little doubt that comprehensive support can improve male intimate partners' journey of recovery from secondary victims to secondary survivors of rape.
3. The language of the concepts in the framework relates to the themes and is largely self-explanatory. I believe that health-care professionals will be able to comprehend the meaning of the language and the interaction among the concepts (Polit & Beck, 2004:116-118).
4. Regarding the illustration of conceptual frameworks, I followed the suggestions of Miles and Huberman (1994:18) to explain the function and flow of the grey directional arrows used to link the findings, the rationale of

the four panels flowing from left to right and the inter-play, overlap and inter-connectedness of the concepts in the different panels.

5. The framework satisfies the research question, purpose and objectives of the study, clearly described throughout this report, including who and what were studied and the terminology and methods used (Miles & Huberman, 1994:18).
6. The information within the framework and its structure are comprehensive and presented in a clear, coherent and concise manner, as recommended by Miles and Huberman (1994:18-19).
7. The managers of Rape Crisis, an NGO in Cape Town, along with local and internationally acknowledged qualitative researchers have critically appraised the framework, and their constructive feedback supports its credibility (see Appendix P).

Further highlights of the study include the following:

1. Conducting a pilot study prior to the main study assisted me in identifying methodological shortcomings at an early stage, in particular the need for an interpreter to facilitate the recruitment strategy.
2. The research question was well justified and addressed some of the gaps other researchers had observed in the literature knowledge base (Haansbaek, 2006a:1, Morrisson, Quadara & Boyd, 2007:3-4; Remer, 2001:1).
3. The longitudinal design of the study gave the participants an opportunity to describe their stories in four separate interviews over six months: (a) within 14 days of, (b) a month after, (c) three months after and (d) six months after the rape. The nine participants successfully completed all four interviews. Thus, the study provided the perspective of the "significant others of female rape victims who are usually neglected by researchers" (Remer & Elliot, 1988:373).
4. The study reflects the important issue of compensating research participants for their time and travel costs. In this study, some participants believed that the R50 they received was too little. However, the principle remains that to improve problematic recruitment or retain participants,

researchers should recognise their participants through reimbursement for their time and their travel costs (Russel, Moralejo & Burgess, 2000:126).

5. The study involved understanding the need for flexibility concerning selection of a safe environment. Polit and Beck (2004:734) referred to vulnerable subjects as a special group of people whose rights in research studies need special protection because their circumstances place them at higher than average risk of adverse outcomes. I regarded the participants in this study as a vulnerable group because, as the secondary victims of their partners' rape, they were also traumatised and at risk of developing emotional and psychological sequelae. Stahl (2005:2) emphasised that hermeneutic researchers using Ricoeur's theory of interpretation should take ethical principles seriously. Although Ricoeur (1992:290-291) believed that public debate, friendly discussion and shared convictions form moral judgment, in my opinion, I conducted the study in an ethical manner. Ricoeur highlighted that researchers should always think of the welfare of their participants because failing to consider ethical principles could cause suffering (Flaming, 2006:225). The welfare of the participants in my study was paramount to me as a researcher and a nurse, with nursing being an inter-subjective, inter-personal and relationship-based activity (Rapport & Wainwright, 2006:234).
6. A personal highlight of the study was being able to listen, observe and interpret how most of the nine participants evolved from extremely traumatised secondary victims to secondary survivors of rape. Six months after the rape, they were able to compare where they had been and where they were now; one participant noted with a smile, "I'm back on my feet again".

8.4 Limitations of the Study

Several limitations and potential weaknesses might have affected the outcome of this study:

1. Opponents sometimes criticise the small sample size of qualitative studies as unscientific and unrepresentative of the population. The

principle in qualitative research is data richness, not quantity. However, I do not claim that the findings of this group of intimate partners are necessarily applicable to a similar group of partners from another culture, country or continent, but the basic findings would probably be rather comparable.

2. Although the paradigm of inquiry was naturalistic, which meant that the interviews of the participants should have occurred in their natural settings, the participants engaged in the interviews at my office. The reasons for interviewing the participants elsewhere were ethical and altruistic in that their partners were raped in or near their homes. The potential emotional consequences of interviewing on-site are obvious. A safe, comfortable venue for data collection was mutually agreed with the participants.

3. A possible limitation might be that the sample consisted only of males. The inclusion criteria were that an intimate partner of any gender who was in an intimate relationship with a female rape victim and who was interested in the study was eligible to participate. The ratio of female to male intimate partners of female rape victims at the recruitment site was 2:20 (P Ndlela, personal communication, 27 October 2010).

4. Because of the sensitive nature of the study, a potential impediment to the quality of the data collected might have been that I am a female researcher. Both the interpreter and I observed that a few of the participants had trouble sharing aspects of their private lives with us. Gubrium and Holstein (2001:210) noted that due to the masculine self, men are hesitant to tell others how they feel. Thus, the question is whether the participants disclosed all their experiences. The hesitancy of participants was apparent more during the earlier interviews. At the end of the study, most of the participants expressed gratitude for the opportunity to talk to someone who listen to them.

5. The recruitment centre was open to all races, and the inclusion criteria made provision for a representative sample. However, the fact that only Black and coloured men participated in the study could be a limitation. All 157 female rape victims informed of the study at the designated study

site during the recruitment phase were Black and coloured. Although a few White rape victims received treatment at the recruitment site during the recruitment period, they were not in intimate relationships. Thus, I never intended to exclude participants from other races deliberately; no women from the White or Asian group who were in a relationship during the recruitment period attended the centre. Moreover, the ratio of White and Asian female rape victims to coloured/Black victims presenting at the recruitment site was 3:100 (P Ndlela, personal communication, 27 October 2010).

6. Another reason for the low numbers of White/Asian women seen at the study site is its geographic location. The centre is near a few large Black/coloured suburbs, allowing easier access for women of those groups.

7. Because the participants and I are from different cultural backgrounds, a possible limitation was that I misunderstood certain meanings in the narratives. However, only the participants themselves could reflect a true picture of their experiences, as lived by them. The diversity aspect was not obviously noticeable or problematic during data analysis. Furthermore, I support the anti-positivist viewpoint that “realities exist in the form of multiple mental constructs, socially and experientially based, local and specific, depending for their form and content on the persons who hold them” (Guba, 1990:17).

8. A major issue revealed during the pilot phase was the number of potential participants who contacted the researcher expressing disappointment that someone who spoke their language would not be available. Potential participants indicated that while they wanted to participate and needed to talk to somebody, they were not able to express themselves well in English. The issue resulted in many lost opportunities. To overcome the limitation, I adjusted the methodology for the main study to incorporate an interpreter during the interviews (see Appendix Q).

9. Because of the longitudinal nature of the study, attrition was an anticipated limitation. Further attrition occurred after the initial and

subsequent interviews despite my attempts to contact the participants on the day before the interviews to remind them.

10. Reimbursing participants in research studies for their time and travel expenses is a well-recognised principle. Horn (2008:93) stated, however, that the payment of clinical trial participants is contentious, particularly in the developing world. The dividing line between “fair compensation” and “undue inducement’’ is difficult to determine. Generally, ethical committee fraternities find the payment of money as an inducement to participate in a study to be unacceptable because the money may influence the participant’s autonomy and ability to consent freely to participate in a study. Some view payment as a form of coercion to participate. In this study, some of the participants wanted more money than I was offering as reimbursement; some participants even wanted to borrow money. Although I refused, I always feared that they would withdraw from the study. How much the reimbursement of R50 per interview indirectly influenced participation or the quality of the narratives is a moot point. I did not observe that the reimbursement issue had any significant influence on the research relationship between the participants and me. Aitken, Gallagher and Madronio (2003:340-341) noted that reimbursing participants for their transport costs is acceptable as long as the researcher discusses the reimbursement with the participants before they consent to participating in a study. Therefore, in my opinion, based on the cost of travelling within larger Cape Town, the R50 paid to the participants was a fair amount.

11. Another possible limitation emerged during the transcription of the data. Because a few of the participants needed more probing than expected during a semi-structured interview, I found that I asked leading questions unintentionally. However, as far as possible, I attempted to ensure scientific rigour in the study (see Chapter 5).

12. While the philosophical underpinning of this study was a phenomenological hermeneutic approach, Ricoeur’s theory of interpretation formed the framework for the interpretation of the data. However, some may view the fact that I used the procedural steps of

Colaizzi and the within-case-across-case approach to qualitative data analysis to complement the data presentation as an unusual admixture of methodologies for an interpretative qualitative study. I believe that the approach worked very well. Use of an inter-coder, member checking and a built-in audit trial further enhanced data quality and trustworthiness. Polit and Beck (2004:570) stated that the above-mentioned procedures are important tools to improve trustworthiness in a study.

13. The intensity of the interviews sometimes affected me as researcher. Irrespective of the trusting and appropriate researcher-participant relationship, the unintended therapeutic expectations of the participants produced additional strain. Although using the hermeneutic-phenomenological approach of Ricoeur allowed me to be part of the research process, I made sure that I strictly maintained the boundaries of the researcher-participant relationship. I referred participants to mental-health facilities when necessary. During the study, I felt the need to arrange a limited debriefing for myself, not anticipated during the development phase of the study. Subsequently, I became aware of an observation by Campbell and Wasco (2005:128) that researchers who study rape "can become emotionally affected by bearing witness to the devastating impact of this crime". Despite the need for debriefing during data collection, I found the study to be an enriching experience and remain grateful to the nine men for sharing their painful and intensely private experiences in this manner.

14. A possible weakness of the framework might be that it includes too many terms and concepts; however, I defined them all throughout the study for clarity, as proposed by Tomey and Alligood (2002:219). Furthermore, the framework may be too busy. Miles and Huberman (1994:2021) contended that the detail evident in a framework or the presentation of the framework does not matter. As long as the concepts and arrows are clear and correspond with the related descriptions, the risk of inaccurate interpretation for users will be minimal. I believe that, although many concepts are evident in the framework, the framework is largely self-explanatory.

I believe that the strengths of the study outweigh the limitations identified. The study and the integrated conceptual framework derived from the findings may provide valuable insight into the meaning of being a male intimate partner of a female rape victim within the six months following the rape.

8.5 Recommendations

Some of the recommendations are evident from the research findings while others relate to my interpretations of the findings. I wish to propose the following recommendations for future researchers, policymakers, health-care professionals, nurse-training providers and the justice system.

8.5.1 Recommendations for future researchers

Due to the relatively limited number of existing studies on the phenomena of interest, I had trouble substantiating and discussing the current findings in every respect. Generally, therefore, more research about intimate partners of female rape victims is necessary to address this gap in the literature.

Although the study was limited to one recruitment site in one city, wide discrepancies between studies of male intimate partners conducted in other locations would be unlikely. Nevertheless, research involving different cultures or countries to examine the generality of the findings, due to the paucity of literature on the phenomenon both locally and internationally, would be interesting. The longitudinal component of my study makes it somewhat distinctive amongst the limited literature available.

Every day women are raped in South Africa, yet no structured services are available in this country to support their male intimate partners. If the current research findings lead to policy changes regarding more comprehensive post-rape care for couples, the focus of future research could be assessing whether the situation has improved for intimate partners compared to the experiences of the participants in the current study. Another potential field of study would be the

experiences of intimate partners of different genders (gay and lesbian intimate partners) due to the lack of information in this area.

Van den Berg and Pretorius (1999:95) suggested that because of the intimate relationship and ongoing verbal and non-verbal communication, the ideal would be not to examine intimate partners' subjective experiences in isolation. Observing the inter-play of experiences within the couple system may be beneficial. Future studies could perhaps include both the victim and her partner.

The duration of the study period raises another question. Although the intention of the study was not to determine whether a healing process occurred, the planned duration of the study (six months) brought to the fore some aspects of the healing experienced by the participants. A similar study over a longer period, using the same methodology, to examine the long-term effects of rape on intimate partners more thoroughly may be valuable. Lastly, validating the conceptual framework or examining its utility in directing service delivery may be interesting.

8.5.2 Recommendations for policymakers

According to Ricoeur's theory, being-in-the-world with others implies that the people with whom participants are in contact in the political and social context influence the participants' experiences (Stahl, 2005:2-3). Therefore, all the professionals with whom the participants interacted would have influenced their experiences in some way or another. Irrespective of the types of service providers potentially involved, policymakers ultimately determine and control all services.

Albert, Fretheim and Maïga (2007:1) highlighted that researchers are concerned that health policymakers are not noting, utilising or implementing their research findings. Therefore, I shall strive to disseminate the findings and recommendations of this study to the South African Police Services, the Department of Health of the Western Cape, the management structure of the

health facility that formed the recruitment site and the management of NGOs (e.g., Rape Crisis). For professionals to render an improved service to intimate partners of female rape victims in South Africa, policymakers must address the training needs of police, social workers, trauma counsellors and health-care personnel at all levels.

8.5.3 Recommendations for health-care professionals

The outcome of this study has implications for health-care professionals who provide support services for female rape victims. The male intimate partners in this study repeatedly stressed their need for information and counselling. Unfortunately, support services for the intimate partners of female rape victims seem virtually non-existent in South Africa.

I intend to attend relevant South African and international conferences to present the study findings and recommendations. I shall also strive to publish a paper in nursing and/or sexual violence journals to disseminate the message of the study. Based on the study findings, health-care professionals could play a role in supporting rape victims and their male intimate partners in the following ways:

1. Health-care professionals could use the framework to prepare and institute intervention programmes to address the challenges and needs of both the primary victim and her partner, as a couple, at health facilities that serve rape victims.
2. Health-care professionals could start community support groups in the mental-health wings of primary community health centres or at NGOs. Counselling services or couples therapy could be beneficial at relevant NGOs, designated rape care centres or police service trauma counselling/victim support rooms.
3. Health-care professionals could educate the community, employers and the justice system that the consequences of rape do not only relate to women; the rape of a woman also adversely affects her male partner, who needs support. Health-care professionals could convey such a message through public awareness programmes in print or broadcast media.

8.5.4 Recommendations for nurse-training providers

The philosophy of nursing requires that research findings and evidence form an important element of the practice of the profession. Therefore, I believe that the outcome of this thesis holds implications for nursing education and propose that teachers of future health-care professionals use the conceptual framework in mental-health curricula. Nurses should learn about the effects of rape on primary victims as well as on intimate partners to be able to care holistically for both primary and secondary victims (Campbell, 2001:5). I would encourage the curriculum committees of training institutions to incorporate the integrated conceptual framework into the curricula of nursing students, particularly for the nurses who will specialise in mental-health nursing. Tomey and Alligood (2002:28) emphasised that nurses need conceptual frameworks and models of care on which to base their practice. I believe that the framework derived from this study is based on evidence and could be utilised to inform and enable nurses to manage male intimate partners in the post-rape scenario to deal more effectively with their crises and prevent and/or detect early maladjustment problems. I believe that my recommendations would be supported by the enduring nursing philosophies of Jean Watson, who promoted a holistic approach to nursing; Patricia Benner, who noted that nursing skills as experience were a prerequisite for becoming an expert; Sister Callista Roy, who developed a model on coping and adaptation and Faye Abdellah, who emphasised the need for a patient-centred approach (Tomey & Alligood, 2002:19-22).

8.5.5 Recommendations for the justice system

The participants in this study perceived the justice system to be unsupportive, so I would encourage police trainers to sensitise their personnel to the fact that rape is not only a woman's problem. Police officers should not exclude male intimate partners from involvement when the female reports the rape. Furthermore, upgrading of in-service training programmes for trauma counsellors at police stations would be beneficial to equip them with the skills and knowledge required to offer trauma support and counselling to both the female rape victim and her male intimate partner.

8.6 Conclusions

This study involved examining the lived experiences of nine male intimate partners of female rape victims within the six months following the rape. The interpretive theory of Paul Ricoeur was the basis of the data analysis approach. The research resulted in an integrated conceptual framework for understanding the lived experiences of the participants and the meaning they attached to such experiences.

The main conclusion is that early interventions for intimate partners of female rape victims are required to prevent the ongoing emotional trauma such partners endure after the rape. Supportive interventions could prevent, or reduce, the pernicious effects of chronic PTSD and the silent suffering evident on personal, relationship and social levels. The study was a tough but rewarding journey for me. My heartfelt wish is that the outcome of this study will help policymakers, nursing educators and justice and health professionals to become aware of the needs of this neglected group of victims: the intimate partners of rape victims.

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APPENDICES

Appendix A: Approval Letter from UCT Human Ethics Committee

FROM (FRI)JAN 11 2008 7:49/ST. 7:49/No. 7508042851 P 1

UNIVERSITY OF CAPE TOWN

Health Sciences Faculty
Research Ethics Committee
Room E52-24 Groote Schuur Hospital Old Main Building
Observatory 7925
Telephone [021] 406 6492 • **Facsimile** [021] 406 6411
e-mail: shantel.lakay@uct.ac.za

18 December 2007

REC REF: 476/2007

Mrs E Van Wijk
Nursing & Midwifery
Health & Rehabilitation Sciences
F FLOOR
OMB

Dear Mrs Van Wijk

PROJECT TITLE: THE IMPACT OF SEXUAL ASSAULT ON INTIMATE PARTNERS OF FEMALE RAPE VICTIMS WITHIN THE FIRST SIX MONTHS FOLLOWING THE SEXUAL ASSAULT.

Thank you for submitting your study to the Research Ethics Committee, for review.

It is a pleasure to inform you that the Research Ethics Committee has **formally approved** the above mentioned study. Your response to the queries is noted with thanks.

This serves to confirm that the University of Cape Town Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP) and Declaration of Helsinki guidelines.

The Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the REC. REF in all your correspondence.

Shantel Lakay

Yours sincerely

Ursley Blockman

PROF M BLOCKMAN
CHAIRPERSON, HSF HUMAN ETHICS

Appendix B: Permission to Conduct the Study

Departement van Gesondheid
Department of Health
iSebe lezeMpilo

Verwysing
Reference
Isalathiso 2110/Admin

Navrae
Enquiries
Imibuzo Dr. G Perez

Telefoon
Telephone
Ifowuni 021 6901081

G.F. Jooste Hospitaal
Duinefonteinweg
Manenberg 7764
Posbus 66
Manenberg 7767

Faks: (021) 691-7962
(021) 690-1081

G.F. Jooste Hospital
Duinefontein Road
Manenberg 7764
PO Box 66
Manenberg 7767

Fax: (021) 691-7962
(021) 690-1081

Date: 11 January 2008

To Whom It May Concern

RE: RESEARCH - THE IMPACT OF SEXUAL ASSAULT ON INTIMATE PARTNERS OF FEMALE RAPE VICTIMS WITHIN THE FIRST SIX MONTHS FOLLOWING THE SEXUAL ASSAULT

This serves to confirm that Mrs E Van Wijk has been granted permission by the Head of Institution, Dr. G Perez to interview patients (with the patients permission) as part of her study to the Research Ethics Committee at the Thuthuzela Rape Centre GF Jooste Hospital on a weekly basis mainly over weekends w.e.f. 11 January 2007.

Mrs E Van Wijk has agreed to abide by the rules and regulations pertaining to the Thuthuzela Centre.

DR. G PEREZ
SENIOR MEDICAL SUPERINTENDENT
G F JOOSTE HOSPITAL

GF JOOSTE HOSPITAL
DUINEFONTEIN ROAD
MANENBERG, 7764
11 JAN 2008
GF JOOSTE HOSPITAL
P.O. BOX 66
MANENBERG, 7767

Appendix C: Request for Permission to Conduct a Research Study

14 Ullswater Street
Pinelands
7405
15/10/2007

The Medical Superintendent
Thuthuzela Rape Care Centre
G. F Jooste Hospital
MANENBERG
7764

Dear Sir/Madam,

Re: Proposed clinical study: "The Impact of Sexual Assault on Intimate Partners of Female Rape Victims within the First Six Months Following the Sexual Assault"

I am a PhD student at the School of Health and Rehabilitation Sciences, Division of Nursing, UCT. The title of my thesis is as above. My research proposal has been accepted by the HREC of UCT (copy of approval and a two-page summary of the salient features of my study attached).

I have identified your centre as a recruitment site, and I hereby request permission to use your esteemed institution for this purpose.

Ethically, the approach for recruitment can only be made with the assistance and agreement of a rape victim herself, hence my need to involve the staff of your centre to ask that they be aware of the study and contact me if a rape victim presents at the centre for care.

Should you agree to my request, I would meet your nursing staff to brief them on the study and to gain their confidence and co-operation. All I would require from them is to inform me telephonically about a new client at the centre at a time that they would consider appropriate. I shall require a private room to meet briefly with the client to explain the purpose of the study and to request permission to contact her intimate partner. The interviews with the intimate partners will be conducted elsewhere.

It would not be my intention to interfere with the workings of the centre in any way.

I would be grateful if you could view my request favourably. Please contact me (at the numbers given below), or my supervisor, Dr. S. Duma (021-406-6582), if you require more information.

Thanking you in anticipation.

Sincerely,
Mrs. E van Wijk (M. Cur)
Tel. (work): 021-684-1213
Cell: 082-784-2417

Appendix D: Reflective Journal 2007-2010

The Challenges of Being a Researcher at the Same Time as a Health-Care Practitioner

Like many other researchers, I describe my study as a research journey, and as a mental-health practitioner and educator, I am aware that our knowledge and understanding are comprehensive and multi-dimensional. Therefore, I had to remind myself continuously that I had two journeys to undertake, one as a mental-health nurse and the other as a researcher.

The Advantage of Keeping a Reflective Journal

One of the electives I completed as part of my advanced mental-health nursing training required that students keep a reflective journal and submit the journal for examination at the end of the course. My first experience of keeping a reflective journal occurred one Saturday night in 2004, while I was doing practicals in a local rape centre in Cape Town. A rape victim's partner asked me in a very agitated voice, "What about me? You are all just busy pampering the women; nobody cares about me". I looked at him, comfortably covered in a blanket, and wondered how on earth he dared ask me this silly question because he was not the one who was hurt. For the rest of that night, while his partner was at the centre, I deliberately ignored him. That morning, on my way home, the man's words suddenly came into my mind, and although I tried to dismiss the encounter, when I climbed into bed, closing my eyes, the same man's helpless face appeared in front of me. The guilty feeling of neglecting my function as a nurse hit me like ice water. I stood up, grabbed a notebook and wrote down his words and my thoughts on his question. I thought that perhaps a study would be useful to determine whether other men feel the same. I started to keep the notebook with me, and when I recorded some interesting points, I would add the date. At the end of each week, I would tear out the pages, and those with similar ideas/thoughts/experiences were typed and put together in a flip file for easy

retrieval. Time passed, and I totally forget about what was written in the book; however, I kept it as a memory of my masters and for possible future use.

As a voluntary trauma counsellor, I have to keep a notebook with all my experiences and thoughts to share once a month at our trauma victim support meetings. One of the journal recordings documented as part of my voluntary trauma work relates to a rape victim I visited at home within the first week of the rape:

> I knocked at the door, and the woman's husband answered. (Although looking away, he looked cheerful.) After introducing myself and explaining my role, he invited me to come inside. When I walked in, his wife was sitting on the couch, staring in front of her. The husband looked very uncomfortable with me being there and asked whether when I was finished with his wife he could talk to me. After spending an hour with his wife, I spoke to him privately. He started telling me how he felt about what had happened to his wife, saying he felt like he was raped too. Then I realised that the face that greeted me at the door was not how he was really feeling. In fact, he was hiding his real feelings. He began ventilating how he was feeling and described how angry he was with his wife for leaving the door open. When he said that, I was so angry with him for blaming his wife that instead of finishing listening to him, I looked for an escape route and referred both of them to Rape Crisis in Observatory, Cape Town.

When I drove away, I stopped because I felt guilty about my unsympathetic attitude towards the woman's husband. When I arrived home, I diarised my experiences of that evening and the feelings I had towards him. Since then, I have wanted to know how rape of their partners affects the spouses of rape victims and why rape victims experience their spouses as unsupportive after the rape.

My Two Journeys as a PhD Student

In 2007, although I had just completed my master's degree, I went to UCT with the intention of starting my PhD journey. While sitting with my supervisor, I suddenly remembered that notebook in the cupboard. After discussing with her my experience of that night and my experiences as a voluntary trauma counsellor offering victim support, I told her that I wanted to investigate something to do with the spouse of a female rape victim. We decided that my PhD journey would lead

me to investigate the lived experience of male intimate partners of female rape victims. One of the first things my supervisor required was that I start keeping a reflective journal in which I write something about who I am, where I am coming from, my personal thoughts and feelings, my learning and experiences as a mental-health nurse and what inspired me to conduct this particular study. She also advised me to keep the journal for the duration of the current study and reflect on my experiences of each phase of the study. There and then, I went back to my notebook, which today I can refer to as my pre-doctoral reflective journal.

After much grappling with my own thoughts and debating the phenomenon of interest, I started scribbling all these thoughts in the notebook and surfed the internet, playing with key words. After two weeks, I went back to my supervisor, telling her of my ideas. Next, I had to start searching for literature on the topic, but not much scientific evidence was available to shed light on the phenomenon. I tried other ways to obtain some more information. For example, I e-mailed a well-known rape victim, telling her about the topic and asking her what she thought about the problem I wanted to investigate. Obviously she was pessimistic and defensive because she felt that when a woman is raped, she is the one who is traumatised. Her reply read as follows: “I expected my spouse to be there for me, I am the one who were raped not him”. Another comment was from a health-care professional at a local rape care centre: “Van Wijk, why do you want to find out about how man is doing? He must just accept it and be there for his partner, and anyway, men is not talking; you will not be successful to get them to take part in this type of study”. Such comments made me think and made me more determined to discover myself how the rape of a female rape victim affects her male intimate partner. I knew I had to take responsibility for my choices, and I went out to begin the unknown journey.

Although Ricoeur’s hermeneutic-phenomenological approach required me to disclose my assumptions, biases and pre-suppositions prior to entering the field, I wanted to share with the reader some of the issues I documented in my PhD reflective journal that influenced my journeys of researcher and writer.

Who Am I?

As weird as it may sound, I am the person I am today because in 1975 a teacher told me that I would never get anywhere in life and that all I would be able to do would be to cook food in a children's home. Conducting this study would help me not only prove to myself that I was capable of obtaining an additional qualification but also fulfil the need to produce a piece of post-graduate academic research of benefit to South Africa and the rest of the world. With these aims in mind, I started this exciting journey in an attempt to make a difference in people's lives. Since 2007, not a day passed that I did not work or read research—the process became part of who I am because I was too afraid that I was not a good student and that I would not achieve my goal. However, I started forgetting to maintain a balance among my roles as family member, employee and student. Today, I can tell other students that if you work hard but always maintain balance, you will reach the end of your journey.

How My Professional Background Influenced this Study

For the past 24 years, I have been a nurse practitioner. My experiences as a mental-health nurse, trauma counsellor and nursing lecturer teaching mental-health nursing situated this study within a natural paradigm, which was useful as the theoretical framework that drew on a phenomenological methodology to guide the data analysis and interpretation processes.

Research Design

Pertaining to my epistemological position as a mental-health nurse and trauma counsellor, I had some background knowledge about the phenomenon I wanted to examine from the perspective of the rape victim but no direct knowledge from the male intimate partner's viewpoint. One challenge, for me as a researcher, was to develop a research design that would best answer the stated research question because I wanted to examine the participants' experiences over time. Extensive reading of different research studies in which researchers used the same methodology and Probert's (2006) "Searching for an Appropriate Research Design: A Personal Journey" provided me with valuable insights into a variety of methodological and theoretical discussions in relation to the research question of

this study. The outcome of these considerations was an applied longitudinal qualitative research design drawing heavily on the work of Paul Ricoeur. The departure point of an interpretive study is not to discover the prevalence of the phenomenon but to focus on the meaning of the intimate partners' lived experience (Rice & Ezzy, 2002:25).

Transparency of the Current Research Process

Recruitment

My first journey as a researcher started when I spent hours and hours in the selected rape care centre. Most of the time, I was exposed to child rape, which was a very emotional experience. One specific day, I could not take it any longer, so I went home despite the fact that there were female rape victims in the waiting room, waiting to be examined. My later assumption was that I could have lost potential recruits that day if they were willing to talk to me after their examinations. To overcome further potential losses in the future, I waited in one of the offices at the rape care centre.

Data collection

Because I was the primary data collection instrument, I used one-on-one interviews to collect data from the participants. Although Greeff (2005:288) suggested that researchers leave 90% of the talking to the participants, I felt uncomfortable because as a mental-health nurse and trauma counsellor, I am expected to use my communication skills when interviewing clients, especially in clarifying, responding and reflecting. Another dilemma was that when I referred the participants for treatment, they requested that I counsel them. Although I had informed the participants of the referral methods at the initial interview, I felt I was neglecting my duty as a good mental-health practitioner. I was operating in conflict with my role as a mental-health nurse/lecturer who was teaching students how to be empathic towards their clients; thus, I stopped recruitment until after I had discussed my concerns with one of my supervisors. After that, I realised that although I had good intentions, if I wanted to be objective throughout the research process, I would have to set the boundaries between a

nursing/problem-solving/supportive interview and a research interview and keep within the parameters and principles of the research interview.

On more than one occasion during the data collection process, the participants described how unhappy they were with their partners' unsupportive behaviour. Because I am a voluntary trauma counsellor, I think the most difficult part was to switch my focus to the experiences of the intimate partners and not to think about how the rape had affected the rape victim. To stay focused and to prevent bias, I withdrew myself from all counselling duties related to rape victims during the study period. The excerpt below reflects some of my thoughts, opinions and perceptions during data collection with Participant 8:

> I can't understand how this man's head works. He is so selfish and egocentric about his own sexual needs. Does he not think of his poor wife, how she is feeling? He is so pre-occupied with sex—is that all he can think of? I don't know whether he is really hurt, or is it because he can't have sex that he is now feeling so bad? Is sex all men can think of? And he is so concerned about his ego!

Other thoughts I recorded during data collection were the following:

- I was happy when a participant explained that instead of using drugs when he felt overwhelmed, he wrote his thoughts down as if he were talking to me, which he claimed helped him feel better. This participant's letter kept me going during recruitment and data collection (see Appendix O, Part. 6).
- I enjoyed observing and listening to how these men evolved from wounded secondary victims to secondary survivors. One of them reflected on his journey (see Appendix O, Part. 7).
- I was uncomfortable during one of the interview sessions when the participant told me that now, as he sat in front of me, he had a need for sex. Although I tried to steer the conversation in another direction, he continued speaking about his sexual desires. I was so scared that I stood up and used the excuse that I wanted to stretch my legs (although inappropriate, this was my strategy to protect myself as a researcher).

Data analysis

An important aspect of a phenomenological approach is that the assumptions you as a researcher have about your participants cannot be proven as valid or true. In the current study, I used an interpretive hermeneutic-phenomenological approach, and because I was part of the research process, I had to rely on my reflective journal more than once to see if my decisions, thinking and experiences during interpretation were congruent with what I had written in my reflective notebook and field notes. At one stage, the steps of Ricoeur were very difficult for me to understand, so I took the entire transcripts of Participants 1 and 2 and reflected my naïve understanding of them against each of their transcribed interviews to ensure that I had not misinterpreted or lost important parts of the text during the reading process. While reading and interpreting the participants' texts, the words of one man spiralled through my head: "I am feeling raped too". Together with the literature I had read to support the findings, I started realising the gaps in my knowledge and skills as a mental-health nurse. Everything I was pondering that day and my biases during the current research process started to make sense.

Today I regret what I said to a male intimate partner in 2004 because the lesson I learned from the participants in this study is never to take things for granted, never to judge or patronise other people's feelings, but instead to listen to others. Only they who have lived the experience can tell you about the meaning of their experience. Although I found the epistemological and methodological issues of this study problematic in the production of phenomenological hermeneutic accounts at times, as far as possible, I tried to conduct and execute the study in a rigorous manner.

Writing of the chapters

As a researcher, my second journey commenced when I started to write the chapters of the study. Although I have a master's degree, I see myself as a novice researcher in terms of writing. However, I started writing in the traditional manner but very soon learned that writing on the PhD level is not the typical way in which nurses write and report their clients' stories. Even though I bought

myself a book on how to improve my writing style, I continuously struggled with the question of how to position myself as the author, while being a knower, writer and story teller, and how to create a space in which I could be a slice of the life-world of those whom I was investigating. I faced many other dilemmas that hampered my progress, such as grappling with my style of writing, struggling to express myself using different voices in the thesis, battling to blend the self and my experiences into the thesis and adjusting the manner in which I construct sentences for the audience to follow the flow of the story. Luckily, I had a supervisor who always reminded me of these pitfalls and kept asking me to stick to one voice. What I found worked best for me was to write in the third person until the chapter in which I presented the findings.

The comments of Easterbrook (2000:14) continuously raced around my mind: A thesis is written for four audiences, but the most important reader is the examiner who sits on planes and buses and in waiting rooms marking my thesis; the examiner does not have time to read a research book. One day, when I looked at the piles of drafts coming from and going back to both my academic supervisors who kept saying, “Evalo, you must stop writing a research novel”, it became clear that my primary and co-supervisor had some valid concerns. Specifically, the examiners would struggle to interpret my style of writing, and the study would come back with major corrections. At one stage, I took their comments to be sarcastic and very personal, but then I realised that I would get nowhere if I continued to think, “Who owns this study?” I then developed a plan. Because I had enough information to convince the examiners and my supervisors that I knew enough for a student on a PhD level, I started following their advice of sticking to the point, taking out the nice-to-knows and re-organising my work logically so that one idea flowed into the next. What a difference! I could see my own pitfalls. Their comments really opened my eyes and enhanced my academic growth.

Appendix E: Information Document for Rape Victim

I have heard of what has happened to you and can only try to understand your distress. These days, however, people who have been raped get better care and attention than in the past. Not much is known about the reactions and coping mechanisms of intimate partners of people who have been raped in this country.
It is the aim of my research study, conducted through the University of Cape Town, to find out more about the situation of the intimate partners.

I shall be most grateful if you would consider assisting me in this endeavour. It will depend on women, like you, to inform their partners of the study. Neither you nor your partner is under any obligation at all, but if you do agree, I shall give you another information brochure to read and to pass on to your partner. If your partner is interested, he/she can contact me for an interview at an agreed-upon time. Please be assured that all aspects of this study will be kept strictly confidential.

Many thanks,

Evalina van Wijk

Information Document for Rape Victim in isiXhosa

Ingcombolo Yamaxhoba Adlwenguliweyo

Ndikuvile okwenzeke kuwe, kwaye ndiyazama ukuqonda imeko okuyo. Kwezi ntsuku, nokuba kunjani abantu abadlwengulweyo bafumana uncedo olungcono, nohoyo oludlula olwamandulo. Akukho lwazi lungako lwaziwayo ngezenzo kwakunye nendlela amelana ngayo amaqabane athe amaqabane awo adlwengulwa kweli lizwe. Kuyinjongo yophando lwam oluphethwe yiDyunivesithi yaseKapa, ukuba sazi kwaye sifumanise indlela amaqabane athi amelane nayo ngayo lentsinda badala.

Ndingavuya kakhulu ukuba ungavuma ukuncedisana nam kulomba. Impumelelo yoluphando iza kuxhomekeka kubantu basetyhini abanje ngawe, ukuthi uxoxe neqabane lakho ngolu phando. Ndiza kunika ingcombolo onokuthi uzifunde futhi noza kuzinika iqabane lakho, ukuba niya vumelana. Ukuba iqabane lakho linomdla ndicela anxulumana nam kudliwano ndlebe ngexesha lwesivumelwano. Ndiyakuqinisekisa ukuba yonke into esizakuyenza iyakuhlala phakathi kwethu qha.

Ndibulela kakhulu,
Evalina van Wijk

Kwimfundo yobugqirha
Kwisikolo seze Mpilo nokubuyisela kwimeko yesiqhelo ngobuchwephesha kwiDyunivesithi yaseKapa.

Information Document for Rape Victim in Afrikaans

Inligtingsdokument vir Verkragtingslagoffer

Ek het gehoor wat met jou gebeur het en kan maar net probeer om jou nood te verstaan. Deesdae kry mense wat verkrag is egter beter versorging en aandag as in die verlede. Daar is in hierdie land min bekend oor die reaksies en hanteringsmeganismes van intieme lewensmaats van mense wat verkrag is. Dit is die doel van my navorsingstudie, aangevoer deur die Universiteit van Kaapstad, om meer uit te vind oor die situasie van die intieme lewensmaats.

Ek sal dit op prys stel as jy dit sou oorweeg om my behulpsaam te wees met hierdie poging. Dit sal staatmaak op vroue soos jyself om jou lewensmaat in te lig oor die studie. Nog jy, nog jou lewensmaat, is onder enige verpligting, maar as jy instem, sal ek aan jou ‘n brosjure verskaf met verdere inligting om te lees en aan jou lewensmaat te gee. As jou lewensmaat geïnteresseerd is, kan hy/sy my kontak vir ‘n onderhoud op ‘n bestemde tyd. Wees asseblief verseker dat alle aspekte van hierdie studie streng vertroulik gehou word.

Baie dankie

Evalina van Wijk

Appendix F: Information Document for Intimate Partner of Rape Victim

I am Evalina van Wijk, a researcher studying toward a doctoral degree at the School of Health and Rehabilitation Sciences, University of Cape Town. I am conducting a research study with the aim of investigating the impact of sexual assault on intimate partners of female rape victims within the six months following the sexual assault. Not much study has been done in South Africa up to now on how an intimate partner is affected by the rape of his or her partner during the six months following the event. My intention is to find out more about this; therefore, I request your participation.

What is expected from your participation in the study?

If you agree, I shall meet with you four times over the next six months for an interview about how you are trying to come to grips with what has happened. The first interview will occur within 14 days of your partner's rape. The second, third and fourth interviews will commence at the end of the first month, end of the third month and end of the sixth month respectively. During each session, I shall ask you about the factors that influenced your experiences and methods of coping after your partner was raped.

Each session will last between an hour and an hour and a half. During each of the four interview sessions, I will tape record your views and answers. I will take notes on information impossible to tape (e.g., body language). Should you at any stage not feel comfortable with the presence of a tape recorder, you have the right to indicate that the recording of the interview should be discontinued. Your answers will later be captured as short notes, which will only be used for the purposes of this research study. If you are uncomfortable answering some of my questions, you are entitled to ask for clarification or to decline to answer those questions.

We can negotiate the time and place of our meetings later. I shall reimburse you for your travel expenses (R50 per interview).

What are the potential benefits?

The information you will share with me may not benefit you personally. For future purposes, however, the information may be helpful to others who are intimate partners of people who have been raped if we can identify what can be done to help such people better. Therefore, I sincerely invite you to join this study because you will have an opportunity to share your experiences and explain how you are coping. I hope you will agree to participate because your participation will be very helpful in providing me with the information needed to study these issues.

If at any stage during one of the four interviews you appear not to be coping well with the events, we can discuss referring you to an appropriate service provider for counselling. Only under these circumstances, and only with your permission, may some details about your feelings be shared with the counsellor.

Confidentiality:

All the information obtained from you will be treated with strict confidentiality. Nowhere will your name or any other identification be used, except for a study number.

Can I withdraw from the study?

Participation in the study is completely voluntary. Yes, you can withdraw from the study at any stage without giving an explanation. If you think that your reasons for withdrawal could be of any importance to the researcher, you are more than welcome to share them with her.

If you are interested in participating in the study, you can contact me within the next 14 days at work on 021-684-1213 or on cell number 082-784-2417. Only when you are satisfied and agree to participate shall I ask you to sign a consent form.

Many thanks,
Mrs. E. van Wijk
Researcher

Information Document for Intimate Partner of Rape Victim in isiXhosa

Iphepha Leendcukacha Leqabane Elithe Iqabane Lalo Lase Tyhini Lali Xhoba Lodlwengulo

Ndingu Evalina van Wijk, umphandi wesidanga sobugqirha kwisikolo sezeMpilo nokubuyisela kwimeko yesiqhelo, kwiDyunivesithi yaseKapa. Ndingu mkhokheli wophando lemfundo elinenjongo yokufumanisa imiphumela yodlwengulo kumaqabane athe amaqabane awo asetyhini angamaxhoba okuhlukunyezwe ngokwesondo, kwinyanga ezisithandathu emva koku hlukunyezwa ngokwesondo. Akukho phando lungako ulwenziweyo eMzantsi Afrika ukuzokutsho ngoku, ukuba iqabane elichatshazelwe yile meko yokudlwengulwa kweqabane lalo limelana njani nalento kwinyanga ezintandathu emva kwesi sehlo. Iinjongo zam kukufumanisa ngokuphangeleleyo ngale mibandela, kwaye uthathe inxaxheba koluphando

Yintoni elindeleke kuwe ngokuthatha inxaxheba kolu phando?
Ukuba uyavumelana ndiza kuhlangane nawe amaxa anene kwezi nyanga zintandathu zilandelayo, malunga nodliwano ndlebe lokuba uzame njani ukumelana nesi sehlo sithe sehla. Oludliwano-ndlebe luzakuqala kwintsuku ezisixhenxe emva kokuba iqabane lakho lidlwengulwe, ukuphela kwenyanga yokuqala, eyesithathu kunye nale yokugqibela ukuphela kwezi nyanga zintandathu. Ngelixa lentlangano nganye, ndingakubuza ngeenyaniso ezithe zaphembelela amava kunye neendlela zokumelana emva kokuba iqabane lakho lidlwenulwe.

Iintlangano nganye izakuba kangange yure ukuya kwiyure enesiqingatha. Ngethuba lodliwano ndlebe ngalunye kulamane, imbono kunye neempendulo zakho zizakushicilelwa kwikhasethi teyiphu. Umphandi uzakubhala phanti iinkcukacha ekungakwazekiyo ukuba zishicelelwe – umzekelo indlela owusebenzisa ngayo umzimba wakho xa uthetha, njalo – njalo. Ukuba kuyenzeka ukuba ungazivi kakuhle nakwesiphi na isigaba ukuba kushicilelwe,

unayo imvume yokuba uthi ushicilelo lolo dliwano ndlebe malumiswe. Impendulo zakho zakuthi emva koko zishwankathelwe zibhalwe phantsi, ziyakuthi zisetyenziswe malunga nenjongo zophando kuphela. Ukuba awuziva kakuhle ukkuthi uphendule eminye imibuzo yomphandi, unayo imvume yokucela ingcaciselo okanye ungavumi ukuphendula lo mibuzo.

Ixesha kunye nendawo sizakuthetha ngazo kwilixa elizayo. Ndizaku nika imali engange R50 ozakuthi uyisebenzise ukuthi ukhwele.

Zintoni ezingamandla onokuthi uzizuze

Inkcukacha ozakuthi uzixoxe nam zise nokungabiluncedo kuwe. Malunga neenjongo zekamva, nokuba kunjani, ingaba luncedo kwabanye abantu abangamaqabane athe amaqabane awo adlwengulwa, ukuba sinokuthi sifumanise ukuba kungenziwa ntoni sincede abo bantu babe ngcono. Njalo ke mna, ngokunyanisekileyo ndiya kumema ukuba uzimanye nathi kolu phando, kuba ubukho bakho buzakuba luncedo olukhulu, ukuthi ndifumane ezinkcukacha zifunekayo koluphando. Ukuba nakwesiphi na isigaba kwezi ndibano zodliwano ndlebe uthe waziva ungakwazi ukumelana nesi sehlo, singazama ukuxoxa nawe ngokuthi sikudibanise nomomelezi. Iyakuthi ibe yile micimbi kuphela, kunye nemvume yakho, apho ezinye inkcukacha ngemvakalelo zakho zinokuthi zivezwe kumomelezi.

Imfihlelo

Zonke inkukacha ezifunyenwe kuwe ziya kuba yimfihlelo. Igama kunye nezinye iingcombolo ngawe azizokusetyenziswa naphi, ngaphandle nje kwenombolo yakho yophando.

Ungayeka koluphando?

Ukuthatha inxaxheba koluphando uyazikhethela. Ewe ungayeka kolu phando nakwesiphi na isigaba nakuba awunikanga ngcaciso. Ukuba ucinga ukuba izizathu zokuba uyeke zingaba luncedo kumphandi wamkelekile ukuba uziveze kuye.

Ndizaku nxumelelana nawe kwintsuku ezintathu, ukuba akunqweneli ukuthatha inxaxheba kolu phando, wamkelekile ukundi xelela. Kwaye ukuba ufuna inkcukacha ezigcweleyo, ndicela undi xelele xandi nxumelelana nawe ngomnxeba. Nangeliphina ixesha wamkelekile ukundi tsalela umnxeba emsebenzini kule nombolo 021 684 1213 okanye 1200, okanye eyasekhaya emva kwamaxesha omsebenzi kule nombolo 021 531 0257, okanye kunomyayi kule nombolo 082 784 2417.

Xa wanelisekile kunye naxa uvumelana nokuthatha inxaxhebe, ndinokuthi ndikuncedle ukuba usayine imphepha mvume.

Ndibulela kakhulu,
Nksk E. van Wijk
Umphandi

Information Document for Intimate Partner of Rape Victim in Afrikaans

Inligtingsdokument vir Intieme Lewensmaat van Verkragtingslagoffer

Ek is Evalina van Wijk, 'n navorser vir 'n doktorale graad by die Skool van Gesondheid en Rehabilitasie Wetenskap, Universiteit van Kaapstad. Ek onderneem 'n navorsingstudie met die doel om ondersoek in te stel na die impak van seksuele aanranding op intieme lewensmaats van vroulike verkragtingslagoffers binne die eerste ses maande wat volg op die seksuele aanranding. Tot op hede is min navorsing gedoen oor hoe 'n intieme lewensmaat affekteer word deur die verkragting van hulle lewensmaat binne die eerste ses maande na die voorval. Ek beoog om meer hieroor uit te vind, daarom versoek ek jou deelname.

Wat word verwag van jou deelname aan die studie?

As jy sou instem, sal ek jou binne die volgende 6 maande 4 keer ontmoet vir 'n onderhoud oor hoe jy probeer om wat gebeur het te verwerk. Die onderhoude sal begin binne die eerste veertien dae nadat jou lewensmaat verkrag is, aan die einde van die eerste maand, die derde maand en die laaste een aan die einde van die sesde maand. Gedurende elke sessie, sal ek jou vra oor die faktore wat jou ondervindings en metodes van hantering, nadat jou lewensmaat verkrag is, beïnvloed het.

Elke sessie sal omtrent 'n uur tot 'n anderhalfuur duur – gedurende elk van die 4 onderhoudsessies, sal jou sienings en antwoorde op band opgeneem word. Die navorser sal notas maak van die inligting wat nie op band opgeneem kan word nie – byvoorbeeld jou lyftaal ens. Sou jy op enige stadium ongemaklik voel met die teenwoordigheid van 'n bandopnemer het jy die reg om aan te dui dat die opname van die onderhoud gestaak moet word. Jou antwoorde sal later opgeneem word as kort notas wat slegs gebruik sal word vir die doel van hierdie

navorsingstudie. As jy ongemaklik voel om sommige van die navorser se vrae te beantwoord, is jy geregtig om te vra vir 'n verduideliking of om te weier om daardie vrae te beantwoord.

Oor die tyd en plek van ontmoeting kan ons later onderhandel. Ek sal jou vergoed vir jou reiskostes (R50 per onderhoud).

Wat is die potensiële voordele?

Die inligting wat jy met my sal deel mag vir jou nie persoonlike voordele inhou nie. Vir toekomstige doeleindes, egter, sal dit van hulp wees vir ander wat lewensmaats is van mense wat verkrag is, as ons kan bepaal wat gedoen kan word om sulke mense beter te kan help. Daarom nooi ek jou opreg om aan te sluit by hierdie studie, want jy sal 'n geleentheid hê om jou ondervindings en wyse van aanpassing met ander te deel. Ek hoop jy sal instem om deel te neem, want jou deelname sal baie behulpsaam wees om vir my die inligting te verskaf wat nodig is om hierdie kwessies te bestudeer.

Indien dit in enige stadium gedurende een van die vier onderhoude blyk dat jy nie die gebeure goed hanteer nie, kan ons die moontlikheid bespreek om jou te verwys na 'n geskikte berader. Dit sal alleenlik in hierdie omstandigheid, en alleenlik met jou toestemming wees dat sommige besonderhede omtrent jou gevoelens gedeel mag word met die berader.

Vertroulikheid:

Al die inligting van jou verkry sal streng vertoulik behandel word. Nêrens sal jou naam of enige ander identifikasie gebruik word nie, behalwe vir 'n studienommer.

Kan jy onttrek van die studie?

Deelname aan die studie is volkome vrywilling. Ja, jy kan op enige stadium onttrek van die studie sonder om 'n verduideliking te verskaf. As jy dink dat jou redes vir ontrekking belangrik kan wees vir die navorser, is jy meer as welkom om dit met haar te deel.

As jy belangstel om deel te neem aan die studie, kan jy my kontak binne die volgende veertien dae by die werk 021-684-1213 of op my selnommer 082-784-2417. Slegs wanneer jy tevrede is, en instem om deel te neem, sal ek jou vra om 'n toestemmingsvorm te onderteken.

Baie dankie
Mev. E. van Wijk
Navorser

Appendix G: Informed Consent

University of Cape Town: School of Health and Rehabilitation Sciences
"The Impact of Sexual Assault on Intimate Partners of Female Rape Victims within the First Six Months Following the Sexual Assault"

I am Evalina van Wijk, a researcher studying toward a doctoral degree at the School of Health and Rehabilitation Sciences, University of Cape Town.

CONSENT TO PARTICIPATE IN THE STUDY:

Why is this study being conducted?

I have read the attached information sheet and have asked the researcher for clarity on any issues that were unclear. I fully understand the purpose of the study and the reason for my participation being requested.

What is my role in this study?

If I agree to participate in the study

1. I shall have four interview sessions with the researcher.
2. During each session, I'll share my views and experiences of the rape event regarding my reactions, emotions, thoughts, feelings and coping strategies; how I cope with my partner's response to the rape and how all these may have influenced our relationship.
3. If I do not understand, or feel uncomfortable answering any of the questions, I shall indicate this to the researcher, who will then respond appropriately.
4. If I want to withdraw from the study, I will be free to do so.
5. If any of the questions or discussions during the interview brings back unpleasant memories of the traumatic experience that affect me negatively, I shall inform the researcher, who may refer me for counselling, if necessary.

Follow-up interview sessions

At the end of each interview session, the venue and date of our next interview session, as well as my contact details, will be confirmed with the researcher. If my contact details have changed, I will indicate this to the researcher.

Risks and discomforts

Due to my direct/indirect exposure to the rape of my partner, I understand that

1. I might feel angry and frustrated when answering some of the questions.
2. I might feel embarrassed when answering some of the questions.

If for some reason I feel this way, I will inform the researcher.

Confidentiality

The researcher will keep all information about me confidential (invasion of privacy is possible if the researcher has to refer me for counselling, with my consent). My name will not be used in any of the reports or publications stemming from this research.

Benefits

Participation in this study will hold no particular benefits for me.

Costs

I shall be reimbursed in cash for travelling costs with R50 to attend the interviews.

Voluntary participation

I agree to participate in the study. The researcher will issue me with a signed copy of my agreement for my records. I have the right to decline, at any stage, to participate further in the study.

_____	_____	_____ / _____ / _____
Participant's signature	Print name	Date
_____	_____	_____ / _____ / _____
Researcher's signature	Print name	Date

Informed Consent in isiXhosa

Imvume Ngomazisi

Kwi Dyunivesiti Yase Kapa: Kwisikolo Sokubuyisela Kwimeko Yesiqhelo Ngobuchwephesha

“Imiphumela Yodlwengulo Kumaqabane Athe Amaqabane Awo Asetyhini Angamaxhoba Okuhlukunyezwa Ngokwesondo, Kwinyanga Ezintandathu Zokuqala Emva Kokuhlukunyezwa”

Ndingu Evalina van Wijk, umphandi wesidanga sobugqirha kwisikolo sempilo noncedo kwezobuchwephesha kwidyunivesithi yase Kapa.

IMVUME YOKUTHATHA INXAXHEBA KOLUPHANDO:

Kutheni oluphando lusenziwa?

Ndilufundile iphepha eliqulathe ulwazi, kwaye ndabuza umphandi ngengcaciselo ngemibandela engacacanga kum. Ndiyaqonda ngokugqibeleleyo ukuba kutheni oluphando lusenziwa, kwaye kutheni inxaxheba yam iceliwe.

Yintoni Indima Yam Koluphando

Ukuba ndiyavuma ukuthatha inxaxheba kwesi sifundo

1. Ndizakuba nendibano ezine, zodliwano ndlebe nomphandi.
2. Kwindibano nganye ndiza kuveza izimvo zam, kunye namava ngodlwengulo malunga notshintsho lwezenzo, imvakalelo, nengcinga kwaye nendlela zokumelana nesisehlo, ndimelana njani neqabane lam malunga nodlwengulo kwaye zonke ezi zinto zibutshintshe njani ubuhlobo phakathi kwam neqabane lam.
3. Ukuba andiqondi okanye andiziva kakuhle ukuphendula nawuphi na umbuzo ndiya kum qondisa umphandi malunga nalemo.
4. Ukuba ndifuna ukuhlehla koluphando, ndivumelekile ukwenza njalo nangaliphi na ixesha.

5. Ukuba enye yale mibuzo okanye ingxongxo ngexesha lodliwano ndlebe ivuselela ingcinga ezibuhlungu namava ngesisiganeko athi andi phathe kakubi, ndakumazisa umphandi oyakuthi andinxibelanise nonontlalontle ukuba kunyanzelekile.

Indibano Ezilandela Udliwano Ndlebe

Ekupheleni kodliwano ndlebe ngalunye, indawo, umhla nendibano zodliwano ndlebe kwakunye nencukacha zam ndakuzazisa kumphandi. Ukuba inkcukacha zam zonxebelelwano zitshintshile ndakwazisa oku kumphandi.

Ingozi Kunye Nobunzima

Malunga nokwenzeka kodlwengulo lweqabane lam, ndiyaqonda ukuba

1. Ndingaziva ndinom sindo kwaye ndingonwabango ukuphendula eminye imibuzo.
2. Ndinga ziva ndinentloni ukuphendula eminye imibuzo.

Ukuba enye yezi zinto zingentle ithe yenzeka, ndaku mazisa umphandi.

Imfihlelo

Umphandi uyakugcina lonto anolwazi ngam ifihlakele (ukuba umphandi undinikezela kuno ntlalontle, ndinga vuma nge mfihlelo zam). Igama lam alizoku setyenziswa kwingxelo nopapasho malunga noluphando.

Inzuzo

Awufumani nzuzo ngokuthatha inxaxheba koluphando.

Indleko

Ndiza kunikwa imali enga nge R50-00 endothi ndiyisebenzise kuhambo ukuze ndibe nako ukuthatha inxaxheba kwindliwano ndlebe.

Uthatho Nxaxheba Olungaso Sinyanzelo

Ndiyavuma ukuthatha inxaxheba koluphando. Umphandi undi nike ikopi yesivumelwano sam ukuba ndisigcine njengobungqina. Ndinayo imvume yokuyeka ukuqhubekeka nakwesiphi na isigaba sophando.

_____	_____	_____ / _____ / _____
Isayini yomthathi nxaxheba	Bhala igama	Umhla
_____	_____	_____ / _____ / _____
Isayini yomthathi nxaxheba	Bhala igama	Umhla

Umphandi

Nksk E van Wijk
Kwimfundo yobugqirha
Kwisikolo sezeMpilo nokubuyisela kwimeko yesiqhelo ngobuchwephesha kwiDyunivesithi yaseKapa.

Informed Consent in Afrikaans

Ingeligte Toestemming

Universiteit van Kaapstad: Skool van Gesondheid en Rehabilitasie Wetenskap

“Die Impak van Seksuele Aanrading op Intieme Lewensmaats van Vroulike Verkragtingslagoffers Binne die Eerste Ses Maande nà die Seksuele Aanranding”

Ek is Evalina van Wijk, 'n navorser vir 'n doktorale graad by die Skool van Gesondheid en Rehabilitasie Wetenskap, Universiteit van Kaapstad.

TOESTEMMING OM DEEL TE NEEM AAN DIE STUDIE:

Waarom word hierdie studie gedoen?

Ek het die aangehegte inligtingstuk gelees en het die navorser gevra vir helderheid omtrent enige kwessies wat vir my onduidelik was. Ek verstaan volkome die rede waarom hierdie studie gedoen word en waarom my deelname aan hierdie studie versoek word.

Wat is my rol in hierdie studie?

Indien ek instem om aan die studie deel te neem

1. Sal ek vier onderhoudsessies met die navorser hê.
2. Gedurende elke sessie, sal ek my sienings en ondervindings van die verkragtingsvoorval deel met betrekking tot my reaksies, emosies, gedagtes, gevoelens en hanteringsstrategieë, hoe ek my lewensmaat se reaksie op die verkragting hanteer, en hoe dit alles ons verhouding mag beinvloed het.
3. Indien ek nie verstaan nie, of ongemaklik voel om enige van die vrae te beantwoord, sal ek dit aandui aan die navorser, wat dan toepaslik sal reageer.
4. Indien ek van die studie wil onttrek, sal ek vry wees om dit te doen.

5. Indien enige vrae of bespreking tydens die onderhoud onaangename herinneringe van die traumatiese ondervinding herroep, wat my negatief affekteer, sal ek die navorser inlig, wat my dan vir berading kan verwys, indien nodig.

Opvolg onderhoudsessies

Aan die einde van elke onderhoudsessie, sal die vergaderplek en datum van ons volgende onderhoudsessie, sowel as my kontakbesonderhede met die navorser bevestig word. Indien my kontakbesonderhede verander het, sal ek dit aan die navorser aandui.

Risiko's en ongemak

Weens my direkte/indirekte blootstelling aan die verkragting van my lewensmaat verstaan ek dat

1. Ek kwaad of frusteerd mag voel om sommige van die vrae te beantwoord.
2. Ek verleë mag voel om sommige van die vrae te beantwoord.

Indien, om enige rede, enige van die bogenoemde gebeur, sal ek dit aan die navorser aandui.

Vertroulikheid

Die navorser sal alle inligting omtrent my vertroulik hou ('n inbreuk op my privaatheid is moontlik indien die navorser my, met my toestemming, vir berading moet verwys). My naam sal nie gebruik word in enige verslae of publikasies wat spruit uit hierdie navorsing nie.

Voordele

Deelname aan hierdie studie sal geen besondere voordele vir my inhou nie.

Kostes

Ek sal vergoed word met R50 kontant vir reiskostes aangegaan om hierdie onderhoude by te woon.

Vrywillige deelname

Ek stem saam om deel te neem aan die studie. Die navorser het my voorsien van 'n ondertekende afskrif van die ooreenkoms om as rekord te hou. Ek het die reg om, ter enige tyd, te weier om verder deel te neem aan die studie.

_____	_____	_____ / _____ / _____
Deelnemer teken	Naam in drukskrif	Datum
_____	_____	_____ / _____ / _____
Navorser teken	Naam in drukskrif	Datum

Appendix H: Demographic Questionnaire

Please note: For the purpose of the study, I shall ask you some basic questions about yourself. To ensure anonymity, I shall only use the study number that I have assigned to you.

Participant study number: ……

1. I have been informed of the purpose of the study: ……
2. I hereby agree to partake in the study: ……..
3. I will be available to clarify the findings: ……..
4. I understand that my confidentiality is protected: ……..
5. Telephone numbers: Home: ……
   Work: ……
   Mobile: ……..
   Alternative contact number: ……

Biographic Information:

6. Date of birth: …… Age: ……
7. Home language: Afrikaans: ……
   English: ……...
   Other: ……..
8. Specify the language you would prefer to use during the study period: ……
9. To which ethnic group do you belong? ……
10. Religious affiliation: Yes: ……
    No: ……..
11. Status of relationship:
    Single, living apart from your partner: ……
    Living with partner but not married: ……
    Married to partner: ……
12. Length of relationship: ……
13. What is your highest qualification? ……

14. Are you working?

    Permanently: ……

    Casually: ……..

15. Length of employment: …….....

16. Number of people staying with you: ……..

17. Number of children and their ages: ……...

18. Employment and additional income: ……

19. Household family income per year: ……...

Signed: ……

Dated: ……

Demographic Questionnaire in isiXhosa

Imibuzo ngenkcukacha

Nceda uqaphele: Malungana nenjongo zolu phando, ndizakubuza imibuzo elula ngawe.Ukuze siqiniseke ngoku khuseleka kwe mfihlelo zakho, ndizakusebenzisa inombolo yakho yophando kuphela, endithe ndakunika yona.

Inombolo yophando yomthathi nxaxheba: ……

1. Ndicaciselwe malunga nenjongo zoluphando: …….
2. Ndiyavuma ukuthatha inxaxheba koluphando lungentla: ……..
3. Ndiya kufumaneka ukuze ndinike ingcaciso kwiziphumo: …….
4. Ndiyaqonda ukuba imfihlelo yam ikhuselekile: …….
5. Iinombolo zomnxeba: eyasekhaya: ……
   Eyasemsebenzini: ……
   Ekanomyayi: ……
   Enye endifumaneka kuyo: …….

Inkcukacha ngomthathi nxaxheba:

6. Umhla wokuzalwa: …… Iminyaka: ……
7. Ulwimi lwasekhaya: Isibhulu: ……
   Isingesi: ……
   Olunye: ……

8. Chaza loluphi ulwimi ofuna ukulu sebenzisa ngexesha loluphando? : ……

9. Ongowaluphi uhlanga? ……..
10. Ulikholwa : Ewe: ……
    Hayi: ……

11. Ubumi bobuhlobo:

Awutshatanga, uwuhlalisani neqabane lakho?: ……

Uhlalisana neqabane lakho, kodwa anitshatanga?: ……

Utshatile neqabane lakho?: ……

12. Lixesha elingakanani nisazana?: ……

13. Izifundo zakho eziphezulu?: ……

14. Uyasebenza?:

Uphangela isigxina: ……

Uphangela intsuku ezithile: ……

15. Unexesha elingakanani uphangela?: ……
16. Bangaphi abantu abahlala nawe?: ……
17. Bangaphi abantwana, ithini iminyaka yabo?: ……
18. Bangaphi abaphangelayo kwaye ikhona enye imali inithi niyifumane?: ……
19. Ingeniso yosapho lonke ngonyaka: ……

Tyikitya: ……

Umhla: ……

Demographic Questionnaire in Afrikaans

Demografiese Vraelys

Let asseblief op: Vir die doel van die studie, sal ek aan jou sommige basiese vrae oor jouself vra. Om te verseker dat jy naamloos bly, sal ek slegs jou studienommer, wat ek aan jou toegeken het, gebruik.

Deelnemer se studienommer: .....

1. Ek is ingelig oor die doel van die studie: .....
2. Ek stem hiermee in om deel te neem aan die bogenoemde studie: .....
3. Ek sal beskikbaar wees om die bevindings te verduidelik: .....
4. Ek verstaan dat my vertroulikheid beskerm word: .....
5. Telefoonnommers: Tuis: .....
   Werk: .....
   Selfoon: .....
   Alternatiewe kontaknommer: .....

Biografiese Inligting:

6. Geboortedatum: ..... Ouderdom: .....
7. Huistaal: Afrikaans: .....
   Engels: .....
   Ander: .....
8. Dui aan watter taal wat jy verkies om te gebruik tydens die periode van studie: .....
9. Aan watter etniese groep behoort jy? .....
10. Godsdienstige affiliasie: Ja: .....
    Nee: .....
11. Status van verhouding:
    Enkel, woonagtig weg van jou lewensmaat: .....
    Bly saam met lewensmaat, maar nie getroud: .....
    Getroud met lewensmaat: .....
12. Hoe lank duur verhouding: .....

13. Wat is jou hoogste kwalifikasie? .....
14. Werk jy?

    Permanent: .....

    Deeltyds: .....

15. Hoe lank is jy in diens? .....
16. Aantal mense wat saam met jou woon: .....
17. Aantal kinders en hulle ouderdomme: .....
18. Werk en addisionele inkomste: .....
19. Huisgesin se inkomste per jaar: .....

Geteken: .....

Datum: .....

Appendix I: Interview Schedule

The following research questions will serve as a guide during the interview process for the study (probing and follow-up questions will be based on intimate partners' responses).

Initial Interview

- Your partner was raped on [date]. Please tell me how this experience made you feel when you first heard about it.

Probing Questions

- Please tell me everything you have been through since this event.
- I would like you to tell me whether you have experienced any changes both within yourself and between you and your partner.
- I also would like you to tell me how you are dealing with these experiences.
- Please tell me whether there are ways that others could have helped you during this period.

After Four Weeks

- It is now four weeks since your partner was raped. Last time you said you were [depending on responses from previous interview session].
- Today, I would like us to talk about your experiences and feelings since the rape.

Follow-Up/Probing Questions

- Please tell me everything you have been through since this event.
- I would like you to tell me whether you have experienced any changes both within yourself and between you and your partner.
- I also would like you to tell me how you are dealing with these experiences.
- Please tell me whether there are ways that others could have helped you during this period.

After 12 Weeks

- It is now three months since your partner was raped. Last time you said [depending on responses from previous interview session].
- Today, I would like us to talk about how you are feeling now.

Follow-Up/Probing Questions

- Please tell me everything you have been through since this event.
- I would like you to tell me whether you have experienced any changes both within yourself and between you and your partner.
- I also would like you to tell me how you are dealing with these experiences.
- Please tell me whether there are ways that others could have helped you during this period.

After 24 Weeks

- It is now six months since your partner was raped. Last time you said [depending on responses from previous interview session].
- Today, I would like us to talk about how you are feeling now.

Follow-Up/Probing Questions

- Please tell me everything you have been through since this event.
- I would like you to tell me whether you have experienced any changes both within yourself and between you and your partner.
- I also would like you to tell me how you are dealing with these experiences.
- Please tell me whether there are ways that others could have helped you during this period.

Observations

- General appearance
- Behaviour and psychomotor activity
- Emotional and psychological state
- Perception
- Other: ……

Interview Schedule in isiXhosa

Isikhokelo Sodliwano-ndlebe

Lemibuzo ilandelayo yophando izakusebenza njenge sikhokelo kwilixa lodliwano ndlebe loluphando (uvavanyo kunye nemibuzo elandela uvavanyo zakuba malunga nempendulo zeqabane).

Udliwano-ndlebe lokuqala

- Iqabane lakho ladlwengulwa ngomhla othile (umhla wawuxeliwe). Nceda undixelele sakwenza waziva njani esi siganeko ngethuba owawuqala ukuva ngaso?

Imibuzo yovavanyo

- Nceda undixele ngento yonke eqhubekayo kuwe emva kwesi siganeko?
- Ndinga thanda ukuba undichazele ukuba lukhona na utshintsho olubonayo, macala omabini, malunga nawe, kwaye nawe neqabane lakho,
- Ndingathanda ukuba undixelele ukuba uhlangebezana naso njani esi siganeko.
- Nceda undixelele ukuba zikhona na indlela ababe nokuthi abanye bakuncede ngazo ngeli lixa?

Emva kweveki ezine

- Ziveki zine ngoku emva koku dlwengulwa kweqabane lakho. Ngelixa elidlulileyo uthe u(xhomeke kwimpendulo zodliwano-ndlebe olwandulela olu)
- Namhlanje, ndingathanda ukuba sithethe ngezinto eziqhubekayo kunye nendlela oziva ngayo emva kodlwengulo.

Imibuzo Elandela Uvavanyo

- Nceda undixele ngento yonke eqhubekayo kuwe emva kwesi siganeko?
- Ndinga thanda ukuba undichazele ukuba lukhona na utshintsho olubonayo, macala omabini, malunga nawe, kwaye nawe neqabane lakho.
- Ndingathanda ukuba undixele ukuba uhlangebezana naso njani esi siganeko.
- Nceda undixelele ukuba zikhona na indlela ababe nokuthi abanye bakuncede ngazo ngeli lixa?

Emva kweveki ezilishumi elinesibini

- Zinyanga zintathu ngoku emva koku dlwengulwa kweqabane lakho.
- Ngelixa elidlulileyo uthe … (xhomekeke kwimpendulo zodliwano-ndlebe olwandulela olu)
- Namhlanje, ndingathanda ukuba sithethe ngendlela oziva ngayo ngoku.

Imibuzo elandela uvavanyo

- Nceda undixele ngento yonke eqhubekayo kuwe emva kwesi siganeko?
- Ndinga thanda ukuba undichazele ukuba lukhona na utshintsho olubonayo, macala omabini, malunga nawe, kwaye nawe neqabane lakho.
- Ndingathanda ukuba undixele ukuba uhlangebezana naso njani esi siganeko.
- Nceda undixelele ukuba zikhona na indlela ababe nokuthi abanye bakuncede ngazo ngeli lixa?

Emva kweveki ezingamashumi amabini anesine

- Ngoku zinyanga zintandathu emva koku dlwengulwa kweqabane lakho.
- Ngelixa elidlulileyo uthe ….(xhomekeke kwimpendulo zodliwano-ndlebe olwandulela olu)
- Namhlanje, ndingathanda ukuba sithethe ngendlela oziva ngayo ngoku.

Imibuzo Elandela Uvavanyo

- Nceda undixele ngento yonke eqhubekayo kuwe emva kwesi siganeko?
- Ndinga thanda ukuba undichazele ukuba lukhona na utshintsho olubonayo, macala omabini, malunga nawe, kwaye nawe neqabane lakho.
- Ndingathanda ukuba undixele ukuba uhlangebezana naso njani esi siganeko.
- Nceda undixelele ukuba zikhona na indlela ababe nokuthi abanye bakuncede ngazo ngeli lixa?

Ubone ntoni malunga:

Inkangeleko yakhe jikelele

Ukuziphatha kunye nokucinga kwakhe

Isimo ngokwasemphemfumlweni kunye neengcinga zakhe

Imbonakalo yakhe

Ezinye:

……

Onderhoudskedule in Afrikaans

Die volgende navorsingsvrae sal dien as gids gedurende die verloop van onderhoude vir die studie (indringende vrae en opvolgvrae sal gebaseer wees op die intieme lewensmaat se reaksies).

Aanvanklike Onderhoud

- Jou lewensmaat was verkrag op [datum]. Vertel my asseblief hoe die ondervinding jou laat voel het, toe jy die eerste keer daarvan gehoor het.

Indringende Vrae

- Vertel my asseblief wat jy alles deurgemaak het nà hierdie voorval.
- Vertel my asseblief of jy enige veranderings ervaar het, beide met betrekking tot jouself, en tussen jou en jou lewensmaat.
- Ek sou ook graag wil hê dat jy my vertel hoe jy hierdie ondervindings hanteer.
- Vertel my asseblief of daar maniere is waarop ander mense jou kon gehelp het gedurende hierdie periode.

Nà 4 Weke

- Dit is nou vier weke sedert jou lewensmaat verkrag is. Verlede keer het jy gesê jy is [afhangende van reaksies van vorige onderhoudsessies].
- Vandag wil ek graag praat oor jou ondervindinge en gevoelens sedert die verkragting gebeur het.

Opvolg/Indringende Vrae

- Vertel my asseblief van alles wat jy deurmaak nà hierdie voorval.
- Ek wil graag hê dat jy my vertel of jy enige veranderings ervaar het beide met betrekking tot jouself, en tussen jou en jou lewensmaat.
- Ek sou ook wil hê dat jy my vertel hoe jy hierdie ondervindings hanteer.
- Vertel my asseblief of daar maniere is waarop ander mense jou sou kon gehelp het gedurende hierdie periode.

Nà 12 Weke

- Dit is nou drie maande sedert jou lewensmaat verkrag is. Verlede keer het jy gesê [afhangendevan reaksies van vorige onderhoudsessie].
- Vandag wil ek hê dat ons moet praat oor hoe jy nou voel.

Opvolg/Indrigende Vrae

- Vertel my asseblief van alles wat jy deurgemaak het nà hierdie voorval.
- Ek wil graag hê dat jy my vertel of jy enige veranderings ervaar het beide met betrekking tot jouself, en tussen jou en jou lewensmaat.
- Ek wil ook graag hê dat jy my vertel hoe jy hierdie ondervinding hanteer.
- Vertel my asseblief of daar maniere is waarop ander mense jou kon gehelp het gedurende hierdie periode.

Nà 24 Weke

- Dit is nou ses maande sedert jou lewensmaat verkrag is. Verlede keer het jy gesê [afhangende van reaksies van vorige onderhoudsessie].
- Vandag wil ek hê dat ons moet praat oor hoe jy nou voel.

Opvolg/Indrigende Vrae

- Vertel my asseblief van alles wat jy deurgemaak het nà hierdie voorval.
- Ek wil hê dat jy my moet vertel of jy enige veranderings ervaar het, beide met betrekking tot jouself, en tussen jou en jou lewensmaat.
- Ek wil ook hê dat jy my moet vertel hoe jy hierdie ondervindings hanteer.
- Vertel my asseblief of daar maniere is waarop ander mense jou sou kon gehelp het gedurende hierdie periode.

Waarneming Betreffende:

- Algemene voorkoms
- Gedrags en psigomotoriese aktiwiteit
- Emosionele en sielkundige toestand
- Persepsie
- Ander: .....

Appendix J: Phenomenological Semi-Structured Interviews

Transcription of Interview 1 of Participant 6 to Demonstrate the Procedure Followed in Analysing the Categories, Sub-Themes, Patterns and Themes

Please note: "-." denotes an unfinished sentence.

Researcher: Good morning, how are you?
Participant: I am fine, and you?
Researcher: I am fine. As discussed and agreed upon, I will conduct four interviews with you over a period of six months. Everything that we will talk about will stay confidential, but if necessary, I will refer you to a health facility for further treatment. You may answer the questions in English, isiXhosa or Afrikaans.
Participant: Thanks, I prefer to speak English.
Researcher: I heard what happened to your partner. What does it mean to you?
Participant: Sorry, I do not understand your question. Can you explain the question again?
Researcher: Please tell me everything you have been through since the rape of your partner.
Participant: We were at the church. I told her I'm just going to, like, go ahead and go to the shop before it closes so that I got cigarettes. And it was just a few blocks away, and when I came back, I judged, like, where she could have moved to, and I didn't see her, and that's when I started to get the feeling that something's not right here. I started looking for her and shouting her name. When I start shouting to get help but nobody [starts crying]—nobody want to help me to look for her. People shouted, "Man, are you mad, it's late; what's wrong with you?" I was feeling so helpless but start searching myself, and when I get her, past twelve the night, she was with two guys; I asked her what is wrong, because she look scared, so I just got a gut feeling something is wrong, but she did not told me then what happened because she know me so well that I will act out and take the matter in my own hands because I not rely on people if I have problems with someone. It was only after they left, she told me that she was raped by the

one guy. All she said, this guy that raped her, he told her he was going to help her to look for me [unclear: Fuck!]. I could not believe what she told me; I was so frustrated and shocked, I couldn't believe it when she told me that she was raped while I was in the shop; I was emotionless. I didn't know what to do. I was just thinking why they have done this. Why her? Was I maybe the cause that it happened? After she described his face, then I immediately want to go and look for him I am so hurt; I feels her pain too [sobs]. It is very sad. I asked myself what kind of person does something like that. Or, are they normal? What kind of people is doing rape? There are so many sick people in this world, and how can they live amongst other people, normal people, if they are raping innocent women [starts crying]?

Researcher: Mh. Please goes on if you feel comfortable continuing with our interview.

Participant: Yes, I want to go on. And, [sobs] the guys, she describe them to me—I saw them, like, last in that area where we were. I started looking around where they stay [inaudible, very emotional], and I still can't believe they do it to her [inaudible]. The reason why she kept it inside because she thought that if she's going to tell me in front of them, I'm going to do something that's going to affect me and her—like, for instance, me going to jail or whatever—because she was scared the way I react and stuff. If something's not right with me, I act out, and I know it's not right. Because then I'll lose her, and she'll lose me. That's why when she told me, I calmed myself—I thought, "Okay, they're gone already; they're out of my sight". Normally I would take matters into my own hands; like if anything happens or I have to do anything, I don't rely on people. Because I did karate when I was small, I did it for eight years and [inaudible], how can I say, teach yourself discipline and not to use violence—it [unclear: creates/hates] violence using in self-defence. And karate taught me to control my anger—that's why my mother put in there when I was small because I used to fight a lot. So she thought the only way is to put me in karate. Now some people take advantage—they think, like, they can do this and that. I won't say anything; I won't do anything because I can't—because karate taught me self-discipline. If someone's pushing your buttons to see that you mustn't act like that—karate teaches you to take it. That's because [inaudible, crying]. But, so I thought,

“Okay, let’s do it the legal way, and let’s go to the Manenberg police station”. I went with her to the police station; we sat there the whole night, over morning. I went to the hospital with her; we went back to the police station, and I was with her: I was holding her hand all the time [sobs].

Researcher: Mhmh.

Participant: When I think back of what he did to my girlfriend, it pissed me off; [sobs uncontrollably] I blame myself. I feel part of this because I could have prevented the thing to happen that I left her outside when I went into the shop [sobs]. I’m afraid to go outside. I’m afraid of the things that happen around you, but some people look past it that some people will do something about it. I mean, this place is not safe anymore [sighs]. The world is screwed, man [sobs]. Our lives change in a second [sobs]. [Unclear: The other night] ... I see a girl walking alone, and I’m asking her, “Mustn’t you be somewhere; don’t you have to go home too?” Now I make girls, young girls, aware, “It’s past eight ’o clock; what are you doing outside still?” You see, I’m more aware of now about safety of women.

Researcher: If you say were you the cause of your partner’s rape—what do you mean?

Participant: I mean, was it something I said before she departed, or did I push her away, or did she feel rejected? When I came out of the shop, I was looking for her for about an hour I think, an hour and a half, but, ja, it can be an hour—I shouted her name. It was, like, dark already, and there was, like, nobody in sight, and like you can say there’s somebody [inaudible]. And after it happened, she sit here calling [crying], but I didn’t see her. I was calling her name. Maybe she responds—[sobs], but she said she heard me calling, but she couldn’t see where I was. I do not blame her, but I feel so guilty because I feel I was not there to protect her when she need me [sobs intensely]. I blame myself; I shouldn’t have left her. I was supposed to keep her with me [sobs]. From it happened to her, I keep telling myself, “You were stupid or an idiot” [inaudible] because it’s my stupidity that she was raped. She keeps on saying I mustn’t blame myself, but I can’t otherwise [inaudible].

Researcher: Mhmh.

Participant: [Heaves and sighs] I think that she didn't intend for the thing to happen; it's not her fault—someone forced themselves to have their way. I am still furious and shocked; I can't believe that this happened to her; I found it hard to accept that my girlfriend was raped. I always thought she was safe with me. Why is it she who was raped, why, why her? We are now 11 months together, but since Sunday, I decided that she must rather stay with her sister in Wetton because I feel I can't protect her. But although she stay there, I'm trying to make the effort to go see her, but we came to an understanding if we both get a job and we can take it further from there and try to set our minds straight first. And because if we're going to be together, we're not going to go anywhere; we're not going to go forward because we don't want to leave each other because what happened [sighs deeply].

Researcher: Tell me, what do you experience that has changed between you and your partner after the event?

Participant: Our sexual relationship are very much affected, but although I have a desire for sex, I first had to ask her if she's okay; if she's not feeling up to it, she don't need to give in to have sex then I will tell her I would understand. And although the rape will be in my mind all the time [crying], I will also sacrifice; I will do everything what I must because I feel it's my duty to ask her how she feels about it.

Researcher: Mhmh.

Participant: The first few days after she was raped, I can't sleep. I sleep maybe an hour, two hours, and then I'm awake again, and although that evening come and go into my mind, which drive me mad, I will never tell her the exact reason I can't sleep. I will tell her it is because I am worried and concern about her and want to see if she's okay, whether she needs anything. When I'm lying in bed, I still think a lot about that evening my girlfriend was raped, and then that guilt feelings just comes again. But for the first few nights, I used to cry a lot, like tears will just roll, but I'm fighting. I'm not fighting the feeling; I'm just trying to tell myself, "Okay, it wasn't my fault"—and it helps a little. I always read in the newspapers how things get too much for people; they do stupid things to themselves. But luckily, I never thought of doing something like that. It's not going to help; it's going to make the matter worse of what happened to her, and it

doesn't make sense—I am supposed to be there to support her. Since it happened, I get terrible headaches because I keep on thinking it's my fault. Ooh! But I can't break down in front of her because I'm supposed to be her strength. I have to make her feel safe when she's with me [sobs].

Researcher: What do you mean by that?

Participant: That evening of the rape continuously come up in my mind, and when these thought came up, the whole evening start playing over and over in my mind. When I think of that evening, I want to vomit. From it happened, and also because I not sleep and eat right, I get a lot of headaches. I get headaches [crying]! All the time, I get headaches because I keep on thinking it's my fault. When I am, I'm thinking a lot of that time, I can't eat or think straight.

Researcher: Mh.

Participant: Although I try to eat, I have not much of an appetite. I am not hungry.

Researcher: Did you lose any weight?

Participant: I don't know, but it feel if I have lost weight. I am not sure.

Researcher: Please tell me, are there any things that helped you to cope after the event?

Participant: I can't put it in words [inaudible, sobs] because the people don't understand, and I can't talk to anybody—who's going to, like, just listen to me and think whatever, okay, [inaudible] or whatever [sobs]. I am alone; you are the only person I have to talk to; nobody at home want to listen to how I am feeling. From it happened, I'm, like, staying by my aunt here in Heideveld, but sometimes I go to my daddy in Brackenfell when I feel I can't take this place because I feel [inaudible] too afraid to stay here for what happened [sobs]. Also, my dad is not aware of what happened—me and my dad is not on speaking terms, but my granny is staying with him, so I'm with my granny actually, but it's my daddy's place. I kept everything of the rape how I am feeling inside, and I act like nothing happened, but inside my heart feels broken.

Researcher: Is there anything more you want to tell me about your experiences after the event?

Participant: No, I think it is enough for today [sighs powerfully, smacks his hand on the table].

Researcher: I observe you are very frustrated.

Participant: Yes, you are right. I am angry!

Researcher: Do you want to continue telling me about these feelings?

Participant: No thanks.

Researcher: How are you feeling now that you talked to me about your experiences?

Participant: I feel lighter and relieved; I feel there's a lot off my shoulders, which is I wanted to tell somebody, somebody who can listen to me.

Researcher: Thank you so much for sharing your experiences with me.

Participant: Thank you.

Transcription of Interview 2 of Participant 6 to Demonstrate the Procedure Followed in Analysing the Categories, Sub-Themes, Patterns and Themes

Please note: "-." denotes an unfinished sentence.

Researcher: Good morning, how are you?
Participant: I am fine, and you?
Researcher: I am also fine.
Researcher: It is now a month since your girlfriend was raped. Last time you said you could not understand how anybody could do something like this to another person. Today, I want you to tell me how you are feeling now, please.
Participant: I still have that same feelings as what I told you last time.
Researcher: Please tell me about everything you have been through since this event.
Participant: As I said, normally, I would take matters into my own hands, and although I want to go and look for him, as I told you before, I thought, "Let's do it the legal way, and let's go to the Manenberg police station to report the rape"; I just want them to go and get him for raping my girl because if I got him and do something to him, I'll lose her, and she'll lose me. But as I told you, it's not human to do that—who, what kind of person? How does his mind work to do something like that? I still feel guilty because when she's with me, I'm supposed to protect her. She was just with me, and for a couple of minutes—I wasn't even gone long, I just ran ahead to the shop, that's all. When she's with me, she feels totally, totally safe, whenever, what time or where we walk. But that evening, I felt too calm, and that's when I had to think something's not right because most of the time I'm, like, aware of everything what's going on around me. And, ja, it happened. I am angry and blame myself that I went alone into the shop. The rape of my girlfriend changed my life—people don't see me as that energetic guy that's funny—and, like, nothing is funny for me at the moment in my life. I was happy—like, I was happy most of the time. The other evening, a friend of mine spoke about what have happened to his girlfriend, but he don't know what happened to me, and on that moment, I related to that feeling, and I just couldn't handle it, and I felt what he was feeling at that moment—because it just happened the night

before, and all the anger—just popped back in my head. I wanted to help him find this guy—aah, it was like emotions were just running through me. Everything just came back like it just happened to me again now. That's how strongly I felt about it, and nowadays, I'm just aggro.

Researcher: Mh. What do you mean by saying that nowadays you are aggro?

Participant: I am so angry and uptight that I don't want to listen to other people's problems because the problem that I've got is more heavy than anything at this moment.

Researcher: What do you mean by you "feel uptight"?

Participant: Since that day I had to go with the police to show him where the rape took place, I didn't go close to that area where my girlfriend was raped—because I can't take the fact that I will then again saw the place where I was standing that night and shouting for my girlfriend [deep sigh]. From that day, her shouting are constantly coming up in my head, and specifically when I see her suffering with her emotions, the whole rape episode play over and over in front of my face. And these memories of the rape are draining me until today that I can't sleep nice and always feel tired and stressed out.

Researcher: Mhmh.

Participant: As I said last time and just now, up till now, I still have trouble with my sleeping because when I lie in bed and think I can't handle it! If I'm not in this session, I have to tell myself I must be strong. I must not show my emotions, how I feel about this, what happened to her—and then I make it like if nothing happened [crying]. And that's wrong because she doesn't know how I am feeling. I had to put up a face that others and she can't see my real feelings [very shaky voice]. I will rather see that she is okay, but I prefer it like this because I wouldn't like them to think bad on her—and all of them who saw her talk about the rape. When I think of all these, my head aches a lot; I get headaches, and I just take Panados and Panados. And sometimes in the mornings, I don't feel like to stand up because I don't have energy to get up—because now my emotions is draining me [inaudible] -.

Researcher: Can you explain what you mean by saying that you still experience sleeping difficulties?

Participant: A week after I was here [crying], I starts getting flashbacks. It doesn't matter what I do: It just come and go, and it made me so nervous. Every time it come up in my mind how I was with her and how I had to show the investigating officer exactly where it happened. And I can still recall and visualise the place where I was standing and shouting her name. While sleeping, I got scary dreams, which is very frightening. I see a girl walking alone, and I'm asking her, "Mustn't you be somewhere; don't you have to go home?" From that day after the police take photographs, I didn't go close to that area where my girlfriend was raped because when I passed that area on my way to the shops, I get so angry. I can't take the fact that I saw where I was standing that night and shouting and where they were sitting [deep sigh]. All this came up all the time in my mind, and I try so hard to get the scary thoughts out my mind. But maybe this is good; this is making me feel it. But now I try to stay as far away from the place she was raped. If I had to go to the shop, I take another route, but also a week after I was here with you, [inaudible, crying] and I was with her, and I had to go with the police to point out exactly where it happened. And I saw where I was standing and shouting. It's almost like I gave up on life because I can't handle it anymore.

Researcher: What do you mean when you say you "can't handle it anymore"?

Participant: Before, I wasn't, like, so strict. Previously, like, people would say, "You're a generous type of a guy", but now if any person, especially men, look wrong at my girlfriend, if they just say a word in a context that doesn't make me feel comfortable, things like what are they thinking of my girlfriend or what is now on their mind, I explode and get very upset with them [tearful]. Then things go through my mind, and you can maybe just look at her and like passing her, and then I'll have other things on my mind like—"Hey, what's he thinking, what's he thinking?" I look at each person, and I don't look if they look at me; I look if they look at her; then stuff goes through my mind—"Why is he looking at her? What's on his mind; what does he want to do?" Then I'll ask him—"Tell me, what's your problem?" And then eventually [inaudible], people think I'm jealous, I'm a jealous guy and all these things. When I think somebody's looking at her wrong, in my view, I get so frustrated that I want to hit them, but something in me said, "No, you can't do that, otherwise you will be in trouble" -.

Researcher: Mh, go on.

Participant: I forget to tell you last time everything. After it happened, that time it was night, so I couldn't see there, but she was like [tearful, inaudible], and he was [unclear: a knife around her], and she couldn't shout.

Researcher: Excuse me, I can't hear. So what did he do?

Participant: Afterwards, after the happening, I asked her didn't she hear me shouting her name—because I was shouting her name through [inaudible]; the people said I was crazy and, but I was looking for her. And I was shouting, and [inaudible] she was, like, a few inches away. And, like, she knew I was just standing there, and I didn't even see. I didn't see them, and she [inaudible] when she heard me shouting. And that makes me feel [inaudible, crying inconsolably]. So I feel very frustrated, and guilty, you know; I felt that evening so helpless because the fact that she said that she heard me, that I was not there for her, when she needs me on that moment.

Researcher: Can you describe how the support of others assisted you after the rape?

Participant: The first interview was very, very, very good, and it took a lot of stress off my back because I had no one else to share this with. My family doesn't care about me. I plea them to support me because I am very emotional after my girlfriend's rape, but they totally ignore me. Now is the time I need their support! Why can they not see how I am suffering? I have lots of other family also, but I don't still mingle with them; we not talk about the rape because every time it ended in ugly arguments between us. I think this is a good thing people like you are doing because a person like me feels more freely to speak about it to a person like you because you don't know the next person per se. I must just say, I try very, very hard to forget the thing that happened to my girlfriend, but every time that I talk to you brings this whole thing back; every time I talk to you, it feels as if it happened yesterday. But I want to talk about it; it helps me to get more clarity about certain things I do not understand.

Researcher: Mh. You can go on.

Participant: Since our last appointment, I didn't speak to anyone about this because I don't feel comfortable speaking my emotions with everyone. Since that time, I got several threats that she have to call the case back, and that's also

putting more pressure on us and on our relationship. And because we [unclear: fear] for each other, we are scared of seeing each other because we don't know when anything can happen and who is looking at us each corner. After we had our session, a few days after that, I saw her; I told how it was and how good I felt afterwards, like the pressure was off—a little [inaudible] because I had heard from someone else, not only by her, that it wasn't my fault [tearful]. But I still feel it strongly like it's my fault. And the more she tells me it's not, the more I agree it is. I don't know what to do.

Researcher: Mh.

Participant: Now that's putting strain on our relationship because we don't see each other regularly for the fear of that—because I don't want anything to happen to her again because, ja, then I don't know how [inaudible] would cope with that, really.

Researcher: You said that you've had several threats; who is threatening you?

Participant: On different occasions, it's different people. Like, maybe, the one was with the first time, and then there's a different one with them. I don't know these people; they just come up to me and like—they have a message for me and stuff like that. Now I didn't tell her investigating officer yet because I didn't get a chance this week to—because I think this is something he should know; maybe they'll [inaudible] the case because they're threatening us, and this put extra strain on our relationship, and I am fearful they might come back and hurt both of us.

Researcher: Mhmh.

Participant: I can't actually speak to her about my emotions and her rape because it's heavy emotions that comes out at that moment—because I can't handle speaking to her about it because it causes struggle again, and then for any reason, she argues with me, and then she just wants to go home or something.

Researcher: Can you explain further what you mean by saying "she wants to go home"?

Participant: After that happened, she's different—not like in the way of she is now -. Okay, although I know what happened was cruel and wrong, she just looks for anything to argue with me, and I'm not handling the situation right; I then just

let it; I'm not handling the situation right; in fact, I'm not handling it at all! Because of my anger, it causes a lot of trouble in our relationship, and I am too scared to talk to her because I don't know what will be her reaction.

Researcher: Mhmh.

Participant: Sometimes I feel—I first ask her if she's okay; if she's not feeling up to it, she don't need to [inaudible], and I would understand. And I will also sacrifice; I will do everything what I must. But our sexual life change a lot after she was raped because it is in my mind all the time [crying]. It would be in my mind all the time. Someone else came here and just took—also she is also not every day in such a good mood, and this is the reason why our sex life is up and down. So I feel it's my duty to ask her before how she feels about it, and I will always ask her if she's feeling up to it or how's she feeling at the moment, if she is in the mood for it. Then, if we have sex, we still using protection. Because I know she is my partner, and she knows the same—we didn't use protection before, and although the blood results were negative, we rather want to be safe because we both are afraid to get HIV.

Researcher: Mhmh.

Participant: I try my best to understand her [tearful] if she tell me no; I try not to get angry because I think I understand whats she's going through—because I didn't go through it, she went through it. But I am sometimes not okay with that; I mean, I am a man who need sex, and if she is so moody, I think it is disgusting how she treat me after I am going out of my way to be there for her; she do not understand that I feel already guilty for not taking her with me into the shop, so if she behave now like this, how will I ever get over all these feelings of blaming myself for her rape?

Researcher: Mh.

Researcher: Are there any things that help you to cope?

Participant: I do anything to keep my mind occupied. When things get too tough for me, I wrote my thoughts down on paper as if I am talking to you because this let me feel less stress out. All I can say to you is that just sitting here with you and just talking about it, it helps me a lot. I can't wait till the next time I'm going to see you—that's how I feel [tearful] because I really [inaudible], so I like what's happening here now. I just wait for my next session—and I can [inaudible]

because if I keep it in too long, I don't know what's going to happen. I can't do it [tearful]. When the trial starts, that's when I'm going to be emotional, and someone I can speak to because I don't know what I am going to do if I'm going to see his face, how I'm going to react or what I'm going to do; I do not cope so well. I heard people—okay, a friend of mine who stay opposite, he smokes, so I asked him, like, "Why are you smoking that stuff?" And he told me—you see, if you have stress, and it calms you, it calms your body, and you relax. He was making jokes about it. So I just tried it. Previously, I used speed to calm my stress—it's similar to the coke [cocaine], but nowadays, I smoke weed to forget the pain; it makes me relaxed because if I just thinking of the rape, I feel so bad. When you smoke weed, you can't walk because your whole body's like it's numb. That's why I smoke the weed because it calms me, and I just sleep. Weed's not expensive. My friends smoke right opposite, and he gives me, like, so much for a couple of [inaudible]. I eat, and I sleep—because I don't have the drive for life anymore. The weed, like, calms me, and sometimes I get this, like, I'm shaking out, like this. Shaking and thinking why—and then I'm, like, putting myself in her shoes and how she had feel that time. I stay in my bedroom most of the time, thinking, thinking stupid stuff and stuff that doesn't make sense because I think life doesn't make sense. Why did they raped her? There's sick people in this world, and how can they live amongst other people, normal people?

Researcher: Mh, you can go on.

Participant: On the moment, I have nothing more to say.

Researcher: How are you feeling now that you came and talked to me about your experiences of the past month?

Participant: I am so thankful for this time we spend together. I feel again so glad I came here to speak to you.

Researcher: Thank you for sharing your personal experiences with me.

Participant: Thank you. Have a nice day.

Researcher: You too.

Participant: Thanks.

Transcription of Interview 3 of Participant 6 to Demonstrate the Procedure Followed in Analysing the Categories, Sub-Themes, Patterns and Themes

Please note: "-." denotes an unfinished sentence.

Researcher: Good morning, can you please tell me the date and your study number?

Participant: My number is 06, and it's the 29th of January 2009.

Researcher: It is now three months since your girlfriend was raped. Last time you said you were not coping well. Today, I want you to tell me how you are feeling now.

Participant: Yes, most of the times, I am still not okay.

Researcher: Can you explain further what you mean by "I am still not okay"?

Participant: As I told you previously, I feel all the time the same: I still have trouble sleeping, and also the headaches are still there; as I told you last time, when I lie in bed, I always think a lot. My sleeping pattern is messed up. At night, sometimes I woke up, I feel sweaty; it's just—when I'm alone at night, my feelings, I think a lot when I'm laying in bed, and then that feelings just comes. But I first used to cry a lot, like tears will just roll, but I'm fighting. I'm not fighting the feeling; I'm just trying to tell myself, "Okay, it wasn't my fault"—and it helps a little. But I can't handle this anymore. I still found it difficult to handle it, and this is not how I want to feel the rest of my life. These thoughts of my girlfriend's rape, I can't get rid of it.

Researcher: Mhmh.

Participant: Umm, speaking about what happened is like helping me a lot because I'm not keeping it to myself—that's how the anger builds up inside. Your support helps me a lot.

Researcher: Tell me, what do you experience has changed between you and your partner after the event?

Participant: In our relationship, a couple of things changed. Like she will maybe be too shy to undress, or whatever, herself or change her clothes, or something, in front of me. But it's just at that time, and then I just calm her and tell her, "No, if you want me to leave, I'll leave; if you want privacy, you have the right you have your privacy". But I know at times I am very hard on her because it feel for me it's

like people do things for their own reason or their own purpose—maybe things that happened to them, that's why they do it to others. But I did speak to my girlfriend about it, and sometimes I see it helps also to speak to her about it so that I know where her emotions is because if she's not feeling the way I'm feeling, then why should I feel that way?

Researcher: Mh. Go on.

Participant: My life with my girlfriend is messed up, and my whole life has changed.

Researcher: Please tell me what you mean by saying that your life has changed.

Participant: Yes, a couple of things have changed. Like using protection because you never know, man. Irrespective if we had the results, we're still using protection. Because I know she is my partner, and she knows the same—we didn't use protection before, but we do not want illness. I must say, the rape affected our sex life in a very bad way, and although our sexual life is still like a bumpy ride, it's getting there; we're going up the hill again. Like, at first, she wasn't, like, comfortable me seeing her naked or whatever. And then, like, now it's getting how it was before she was raped because we're not thinking of that anymore now; we're just looking to the future; every time when we are down, I hold her while telling her that we're not going to achieve anything—we're not going to live our sexual life; we're going to stay on one place, telling her we're will not making him part of our life. I told her if we're going to think of him all the time, he's going to be part of our life.

Researcher: Can you describe how the support of others assisted you after the rape of your partner?

Participant: For the first couple of months, there were a lot of emotions that I was fighting. But after, like, speaking about it now for to you, I found a place where I can stress relief, man. The stuff I'm keeping inside, I can get it out so that it don't build up into anger or something that I can use that's going to be a disadvantage for me. After you send me to the day hospital, I went, and they give me tablets, but I not tell them much; I prefer not to speak to anyone about this because I don't feel comfortable speaking my emotions with everyone. I'm just sitting here with you and just talking about it; it helps me a lot. You are the only person I can relate to because my parents do not understand to speak how I am

feeling because I will kept this how I am feeling rather inside and act like nothing happened, but inside [sobs], every time I talk to you, I feel relieved. What you are doing at the moment, it's a big, big help for me because there's no real grown-ups that I can speak to about my problems—and that's why [inaudible], and [unclear: it's hard]. Sometimes when I'm thinking of you and then I write notes and stuff like that. There's one of them—there's four more I write in this holiday, and I have four more [inaudible].

Researcher: Can I make myself a copy?

Participant: You can have it.

Researcher: Thank you.

Researcher: Are there any things that have helped you to cope the past three months?

Participant: As I say, after the rape, my life has changed a lot because there are many things that I used to do, like, I don't do anymore. Like, I first think about it; if I make a decision, I just don't make it on the spur of the moment; I think about it for a period of time before I make that decision. Ja, um—because what happened, it also made me see the world, like, really different now. But for me, I want to get on with my life; I want to be the old person everybody knew, and also I want my relationship must get strong again. So, now that my concentration is some days a little bit better, and when I feel some days better, then at times, I will force myself to start watching movies again, but sometimes if there is something in the movie, which is related to what have happened to my girlfriend, I get flashbacks of that evening. That's when I think a lot about what people around me saying that if you use drugs or marijuana, it helps you when you're sad [sighing and crying]. But although I still feel sometimes anxious, since I use the tablets Sr. [name deleted] at the day hospital gave me, I think I am coping at times better, and other times, I cope very bad. I am also force myself to slowly start doing again my karate and to go out to visit from our friends as before the rape of my girlfriend, but I really not enjoy these things as before because there are still a lot of other things that bother me.

Researcher: Can you explain to me what you mean by saying there are still a lot of other things that bother you?

Participant: Sometimes when we have sex, mostly I think about she was raped and that another man was in her—I still find it difficult to accept that because her body is mine. Also, when I have to walk in the night to someone, or to the shops, and also when I am with our friends, that image of the rape still come up in my head. Most of the time after my girlfriend was raped, I struggle to keep my anger I have inside me under control. Fuck [slaps his hand on desk]! I can't control myself, and then when anyone, and especially men, just say something to me, I put myself in the position that if someone can hurt my girlfriend, then why can't I hurt anyone else? I want to harm them so badly, but up till now, I never get that far. I just try to calm myself and thinking I can't end up in jail because then I loses her, and I lose my freedom, and so on.

Researcher: I'm concerned about you because although you drink the tablets the day hospital gave you, you want to assault people. I suggest that you go back to the day hospital for further treatment.

Participant: You are right about that. Although I try hard that people must think I am aggro, I'm very down because I'm looking for work, my relationship is not as it should be and I'm not succeeding in anything I try, and also nothing is, like, fun anymore.

Researcher: Last time, you said to me that you were using marijuana. Are you still using it?

Participant: Yes, I am still use it, but some days only a little at a time because I still think a lot about what people say if you use like—like around me if you use drugs and that, it helps you when you're sad. And it helps me in a way to forget about the things I am going through. A couple of days ago, another guy where I bought it, he told me if I want something stronger, he can get me something stronger. But I did not take it because I'm not stupid; I read newspapers, and I see how it messed people up, but now that's why I can't understand he says it's stronger and it's supposed to help, but I can see the people is not themselves [inaudible]. That's why I only use the marijuana [crying uncontrollably].

Researcher: Is there anything else that you'd like to ask me?

Participant: [crying] Not really that I can think of. I just want to go and sleep.

Researcher: If you have nothing more to say, we will now end this interview. Thank you.

Participant: Thanks for your support.

Transcription of Interview 4 of Participant 6 to Demonstrate the Procedure Followed in Analysing the Categories, Sub-Themes, Patterns and Themes

Please note: "-." denotes an unfinished sentence.

Researcher: Good afternoon, can you please tell me the date and your study number?

Participant: My study number is 06, and it's the 1st of May 2009.

Researcher: Since our last interview, there have been a lot of stumbling blocks in your life: you were in the hospital, your mother phoned me one evening and you also phoned me after you were admitted to hospital. Today, I want you to tell me how are you feeling now since you were discharged from the hospital?

Participant: Okay. Now it's our fourth interview, if I'm correct, and since I was in hospital, I'm starting to, like, see life differently, and I came to a conclusion if I'm going to stay on that feeling, I'm going to get nowhere in life. I also completely stop using drugs, and I am going to NA [Narcotics Anonymous] meetings as well. And it's not that things that's in the past must stay in the past, but I just have to accept the fact that it happened and deal with it—because if I don't deal with it, I'm going to build up stress and anger in my emotions. I have to thank you, Mrs. van Wijk, for doing this because it really helped me—I wouldn't know what I'd done if I didn't have this interaction with somebody and speaking about it. And speaking about it helps as well with someone that understands what you more or less going through. And now that I speak to you, me and my girlfriend, we speak freely, freely about it. We learn to speak about what happened to her, and every time when I see her and she feels down, then I speak to her, I hold her, I speak to her, I tell her—"If you're going to stay there, you're not going to go anywhere in life; we're not going to achieve anything—we're not going to live our life; we're going to stay on one place, and everybody's going to go past us, and everything that's good in life is going to go past us, and we're going to stay here in one place". Because you're supporting me so much, I have to support her. And she's also grateful for what you are doing and for me because now we learn to understand each other better—otherwise it will just cause friction between us all the time. And in the hospital, although I learn that I must realise that what

happened to her was not my or her fault, I cannot! Just accept the fact that she was raped, I cannot.

Researcher: You said you see life now in a more positive manner and that you cope relatively well, but the evening that you contacted me, you said you can't accept the rape of your partner. Can you explain what you mean by saying this?

Participant: I can't take it that another man forces himself on my girlfriend. I will not keep it against her, but accept—never.

Researcher: Mh. Please go on.

Participant: That day a friend of mine, like, spoke about something that happened to his girlfriend—and now my friends don't know what happened, and so I related to that feeling, and I just, I couldn't handle it, and I felt what he was feeling at that moment—because it just happened the night before, and all the anger—and it just popped back in my head. I wanted to help him find this guy—aah, it was like emotions were just running through me. Everything just came back like it just happened to me again now. That's how strongly I felt it. I tell my mommy to just hold me and take me, I ask my mommy to take me, to a doctor or anything to like give me something to calm me down because I didn't want to go use illegal substances to calm me down—because that also was a major problem in my life, and I don't want to do it anymore.

Researcher: Please tell me, are there ways that others could have helped you during this period?

Participant: My family and her family up till now don't support me at all; they rather blame me for not looking after my girlfriend. I have to thank you, Mrs. van Wijk, for doing this work because it really helped me. If we could have two more sessions, I feel it would be even better for me because I don't know what I would done if I didn't have this interaction with somebody and speaking about it. And speaking about it helps as well with someone that understands what you more or less going through.

Researcher: Mhmh.

Participant: I still freak out, shouting and swearing, especially if I met men who looks like the person she described to me who raped her. At times, I am still feeling, like, angry and think of the evening of the rape; then I just speak to

myself and imagine, okay, you're were there—just to keep me sane and keep me calm at that moment.

Researcher: With our previous interviews, you said that since your partner was raped, you always had that fear that it might happen to her again. How are you feeling now about it?

Participant: That fear. I'm trying to stay positive; I'm still thinking of the rape but not as frequently as I did before. And I'm looking forward—like I'm not looking back; I'm trying very hard not to holding onto it anymore as I did for the past few months. But I am still not okay.

Researcher: Mh.

Participant: Although my concentration is a little bit better, I still experience sleep difficulties, and also although we understand each other better, our sex life is by far not as it was before she was raped. I want to ask you if I can't come again to speak to you—maybe once every two months—just to help me through all of this. I don't know how I am going to cope alone.

Researcher: Unfortunately, as I explained to you in the beginning, this is a research study, and after the fourth interview, I have to refer you for further treatment should you need it. Therefore, I will refer you back to Heideveld Clinic.

Participant: Oh, okay. I understand now.

Researcher: How are you feeling now after sharing your experiences with me?

Participant: I felt comfortable because when I saw you the first time, I thought like you're a lady that you care, [unclear: man or ma'am]. You do care, and you don't just—okay, you can speak whatever, and because it's your job, you have to do this. Oh, ja, what did I want to say now? Ja, like, this helped—this couple of times I saw you now, it helped a lot. As I said, if we can still like, have more, like two more sessions or so and then that would like help—how can I say—if the government can support your idea that you have, then the next guy that maybe come to you, he can have like a couple of more sessions just to help him through his feelings. I was thinking about this a couple of times already—if they can like form like social groups—like you see they get the NA things and stuff like that, and Narcotics Anonymous—that meetings. If they can have, like, meetings for people that went through this type of thingies. A support group will help, ja, because then you feel comfortable because it happened to the other people as

well, so you will feel open to speak in a crowd [tearful] and hear other people's thoughts and how they're coping. And as I tell you, like the weed, I turn to weed—I don't want others to go through this hell like me. If there at the hospital, they can tell us, the partners, how our girlfriends may act after the rape, I would know from better and not be so confused.

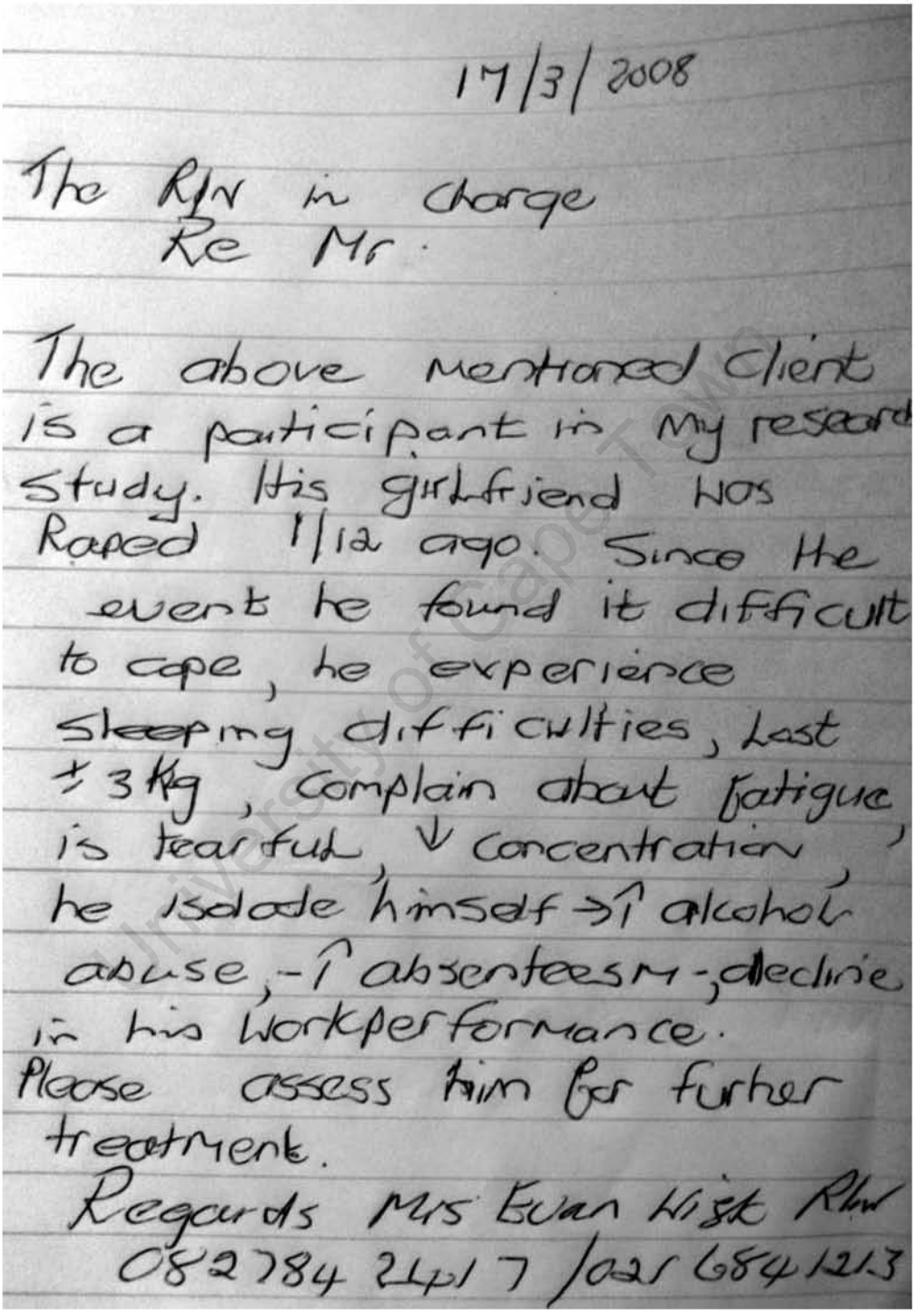
Researcher: Is there anything else that you'd like to ask me?

Participant: I do not have now any more questions.

Researcher: Then if you have nothing to ask me anymore, I'm going to terminate our interview.

Participant: It was a pleasure, and I have to thank you for being there for me.

Appendix K: Copies of Referral Letters



17/3/2008

The RN in charge
Re Mr.

The above mentioned client is a participant in My research study. His girlfriend was Raped 1/12 ago. Since the event he found it difficult to cope, he experience sleeping difficulties, Lost ± 3 kg, complain about fatigue is tearful, ↓ concentration, he isolate himself → ↑ alcohol abuse, - ↑ absenteesm -, decline in his workperformance.
Please assess him for further treatment.
Regards Mrs Evan Visit RN
082 784 2417 / 021 684 1213

12/10/2008

To the RN in charge.

Re Mr

The above client is a participant in my research study. His partner was Raped 3/12 ago. He witnessed the event. Since then he presented with Anxiety attacks, flashbacks, insomnia, lost weight. Although I recommend 1/12 ago that he should go for treatment he preferred not to take any Rx. Now his condition is worse. He is very agitated, still experience the same symptoms as above, isolate himself after he saw one of the rapists'. He is very agitated and agree to go for treatment. Please assess him for further Rx Mrs E van Wyk 082 784 2017

15/7/2009

The R/N in Charge,
Re Mr.
The above Client was treated at your Clinic 3/12 ago after he which he was admitted in L&H hospital. Today was his last interview but he is still very agitated, → Poor impulse control, assault a people. He still experience sleeping difficulties and flashbacks. According to him he Take his Rx, He agrees to go back to the Clinic for additional treatments.

Regards Mrs. E Lamprecht.
021 - 6541213
0827842417.

4.8.2009

To the Sister in Charge
Re Mr:

The above Mentioned Client is a participant in my research study. His girlfriend was Raped 3/12 ago. He experience currently sleeping difficulties, flashbacks - which result in ↑ absenteeism agitation, and ↓ Concentration. Please assess him for? Further treatment

Regards Mrs E Lamprecht RN
0827842417
021-6841213

Appendix L: Protocol for Independent Coder

The basis of the methods used to analyse the data in this study was a combination of the interpretive steps of Colaizzi (Speziale & Carpenter, 2003:58-59), the interpretive approach of Paul Ricoeur (Speziale & Carpenter, 2003:63-64) and the with-in case and across-case approach to qualitative data analysis, as suggested by Ayres, Kavanaugh and Knafl (2003:827). A description of the purpose and research question of the study precedes a summary of the above-mentioned steps followed during the process of analysing transcribed interview responses.

Purpose of the Study

- The primary purpose was to explore, analyse and interpret the lived experiences of intimate partners of female rape victims and the meaning they attach to such experiences during the six months following the incident of rape.
- The secondary purpose was to develop an integrated conceptual framework grounded in the data from the male intimate partners of female rape victims within the six months following the incident of rape.

Research Question

What are the lived experiences of intimate partners of female rape victims during the six months following the rape?

Summary of the Steps Followed During Data Analysis

Step 1: During naïve reading, the researcher cautiously read the text of each individual interview (x 4 for each participant) to obtain an overall picture of the content of the whole text.

Step 2: The next step involved repeating Step 1 for across cases.

Step 3: During the process of structural analysis, two of the interview transcriptions—one from the within cases and the other from the across cases—were randomly selected for close reading (interpretive reading), during which

notes were made in the left margin. The typed field notes were read in conjunction with the selected transcripts.

Step 4: Returning to the original transcripts was necessary to identify and extract significant statements, and the meaning of each statement was summarised in the right margin.

Step 5: Identification of the sub-themes that represented all the narratives within cases and across cases followed.

Step 6: Reading and re-reading all the transcripts ensured that nothing was left out. Thereafter, the text was divided into meaning units, which were transformed with the content intact (Speziale & Carpenter, 2003:63-64). The meaning units relevant to each theme were underlined and manually coded with different colour highlighters.

Step 7: The step involved creating a number of labels from every transformed meaning because each of the meaning units included definite words according to which thoughts, experiences, perceptions and feelings were frequently expressed:

- **Thoughts:** Thoughts refer to the way in which words are put together and include opinions, ideas, beliefs, pre-occupation with certain ideas/thoughts, insight and judgement (Uys & Middleton, 2004:752).
- **Perceptions:** Perceptual processes refer to the subjective experience of sensing, interpreting and comprehending the world. Perception is a mental process by which sensory stimuli are brought into awareness. Thus, a perception refers to the outcome of subjective observations or an awareness of information (e.g., intimate partners' perceptions of the rape of their partners). Perceptions might also include hallucination, depersonalisation, derealisation and illusion. Please note: Experience plays an important role in forming perceptions (Uys & Middleton, 2004:755).

Step 8: The labels indicated how to organise the meaningful units into clusters of main themes.

Step 9: The step involved compiling a list of all the identified meaningful units, along with the sub-themes and the patterns within and across cases.

Step 10: The researcher interpreted the whole and reflected on the initial reading parallel to the interpretive reading to ensure a comprehensive understanding of the findings (i.e., compared all transcripts according to the within-case and across-case approach for similarities linked to words and/or themes expressed by the participants and identified the relationships, such as guilt and blame).

Step 11: Writing an exhaustive description preceded member checking with five of the nine participants who could be found.

Step 12: Rigorous interaction and understanding during the hermeneutic circle of interpretation assisted the researcher in uncovering the phenomenon of interest (Speziale & Carpenter, 2003:64).

Mrs. E. van Wijk (Researcher)

Appendix M: Responses of Participants during Member Checking

14/1/2010

I participant 06 agree that they way Mrs. Van Wyk interpreted what I said is correct. I think this study is a great thing because for the people that dont have support at home I got support from Mrs. Van Wyk. She explain to me the themes and I saw it with my own eyes. She went threw it step by step and I agree on everything that stood thier. If I knew that the goverment was gerng to fail me I could have taken matters in my own hands.

[redacted]

1 February 2010

Being participant 9 I was phoned (Ed) and ask to undergo a last interview to verify the findings of the study.
I must confess that this study helped me alot. I also agree that the diagram is a true reflection of what was said. I recommend this type of counseling. I can help a lot of men to come to terms with their shattered emotions and physical wellbeing.

Although the case was closed out after the study was completed, I feel that the study would have helped me to cope with that. My relationship (with) with my girlfriend also broke up a few months afterwards. I still have contact with her from time to time.
I (X) told her that I will allways be there for her when she need a friend, but she felt that she can't continue in the relationship.

[redacted]
Signature removed

5TH of February 2010

I am Participant 07. Mrs Van Wyk explained to me the results and I saw it and I agree that this is what she write down is what I said. I saw the Program and agree that what she found reflected my escperiences in a correct manner after the last interview the guy how rape my wife get a sentence for ten years

Signature removed

08/02/ 2010

I am study (participant) No 08. Avelo explained to me the Integrated Conceptual Model of understanding the Impact of rape on intimate partners of female Rape victims. I understand it and it's a true reflexion of my experiences after the rape of my wife and my feelings today. I also saw the Book in which my word are quoted Verbatin. I Meantime would like to reiterate that I still experience sexual problem with my partner.

[redacted]

Signature removed

Appendix N: Introduction of Participants

Qualitative researchers not only focus on the experiences of the participants but also emphasise that understanding a social phenomenon outside its own context is impossible. The context includes not only the physical setting in which behaviour, attitudes, diseases or processes occur but also the historical, social and political climates and the organisational or individual characteristics that influence the phenomenon (Ulin, Robinson & Tolley, 2005:140-141). When writing about a story, researchers must determine the audience in advance.

One way to ensure that an audience of health-care professionals will attend to the findings of a study is by presenting the description of the meaning of the lived experiences of the participants in a logical and coherent manner (Ulin, Robinson & Tolley, 2005:185). Such a presentation enables the reader to judge the quality of the research and to integrate and interpret the findings in historical, cultural, organisational and political contexts (Ulin, Robinson & Tolley, 2005:178-180). Because the intended audience of this study is not only academics, this section includes a detailed introduction of the participants. Such an introduction may increase readers' insight into and understanding of how the participants' cultural beliefs, social backgrounds, educational backgrounds and circumstances of their partners' rape influenced and shaped their responses and experiences within the six months following the rape.

Universal information about the participants

Apart from the general interview data and field notes resulting from the researcher's observations, a questionnaire (see Appendix H) was required to obtain demographic information from each participant. The two pilot study participants also participated in the main study.

All nine participants were men: three were Xhosa, two were Zimbabwean, one was Congolese and three were coloured Capetonians. Five participants spoke English with difficulty. Because the home language of three participants was isiXhosa, they selected isiXhosa as the language of preference. The remaining

participants mixed Afrikaans and English in their dialogues with the researcher. All of the participants lived in informal settlements within the geographical area of the study site, which was the TRCC at G.F. Jooste Hospital in Manenberg, Cape Town.

Of the nine participants, eight were employed and lived with their female partners. While eight of the participants' partners were raped by strangers, one participant's wife was raped by an acquaintance (a neighbour). Duma (2006:228) reported that 70% of the females in her study were raped by strangers; stranger rape is not necessarily more common than other types of rape in South Africa, but it is the most frequently reported. All nine cases were reported to the police. However, an alarming fact is that at the end of the study period, only three perpetrators had been apprehended: one had been sentenced, one escaped on the day of the court case (was not caught) and one was still out on bail waiting to appear in court.

Although all nine rape victims tested HIV-negative, they received the post-exposure prophylaxis (PEP) treatment for 28 days post-rape. All remained HIV-negative for the duration of the study period.

All the participants reported that they were social drinkers prior to the study. None of the participants revealed that they suffered from a mental illness. However, one participant emphasised that he was using drugs (marijuana and tik) prior to the study but not on the night of his partner's rape.

Individual introductions to the nine participants

The demographic data and the researcher's observations and field notes related to each participant follow.

Participant 1 (Part. 1)

Age: 39

Language: isiXhosa

Language of preference during the interviews: English

Marital status: He and his partner were married for 5 years at the time of the rape.

Number of people staying with him: He stays with his wife and their two children in a three-bedroom shack in a township.

Number of children and their ages: He has two children (2 and 5).

Level of education: He has completed five years of schooling, and although he has years of experience in the manufacture of building materials, he has no formal qualification.

Employment and additional income: He is a full-time employee at a factory manufacturing building materials. His wife has been a part-time cleaner for the past three years.

Household family income per year: "Due to my wife is not full-time employed, we earn more or less an estimated amount of R49,900 a year". The participant refers to *we*, which confirms the definition of a couple by Gresse (2007:1).

Religion: He is a Christian, but both he and his wife are not actively involved in church activities.

General health during the initial interview: He looked physically tired, had dark circles under his eyes and yawned during the entire interview.

Researcher's observations based on field notes: The participant attended the interview on Day 5 after the rape. He looked anxious during the interview, and although he tried to be co-operative, the language barrier resulted in him not being able to talk freely about his experiences or answer the questions easily. The participant initially declined the option of including an interpreter as from the second interview. After receiving a detailed explanation of the role of the interpreter pertaining to confidentiality, he was more relaxed and was willing to communicate through an interpreter.

Participant 2 (Part. 2)

Age: 38

Language: isiXhosa

Language of preference during the interviews: isiXhosa

Marital status: He is unmarried but is in a steady relationship with his girlfriend.

Number of people staying with him: He and his girlfriend stay alone in a two-bedroom shack in a township.

Number of children and their ages: He has no children; however, at the time of the rape, his girlfriend was eight-and-a-half months pregnant with twins.

Level of education: He has achieved Standard 8 and has obtained Grade 1 level security guard training.

Employment and additional income: He is employed full-time as a security guard. Due to the pregnancy, his girlfriend was not employed at the time of the rape.

Household family income per year: R62000.00

Religion: He was raised as a Christian, but he is not involved in any church activities now.

General health during the initial interview: The participant attended the initial interview a week after his partner had been raped. Although he was well groomed, he looked tired, sat with stooped shoulders and wrung his hands often. He cried for most of the interview and was very concerned about his partner who was in a local hospital under observation to monitor her and the babies' health. Because he was employed at the same workplace as the researcher, the researcher informed him of his right not to participate. However, he voluntarily insisted on engaging in the study and requested the presence of an interpreter for the remaining interviews.

Researcher's observations based on field notes: Despite crying, the participant was eager to describe his experience from the moment he had heard about the rape and reported that he had accompanied his girlfriend to the police station and rape centre. He explained that the rape of his girlfriend was very traumatic, that it hurt his feelings and that the rapists had ruined his life as a man and his future relationship plans. He added that every day, either before or after work (working day and night shifts), he visited his girlfriend in the hospital. While

telling his story, on more than one occasion, he became very agitated, raising his voice while thumping his fists up and down on the sides of the chair, saying “Why, why they do that to my girlfriend and babies?”

Participant 3 (Part. 3)

Age: 43

Language: Shona (from Zimbabwe)

Language of preference during the interviews: English

Marital status: He has been married for 11 years.

Number of people staying with him: He stays with his wife and three children in a three-bedroom brick house.

Number of children and their ages: He and his wife have three children (2, 7 and 9).

Level of education: He passed Standard 10. He has no post-secondary education but has 12 years of military training (Zimbabwe) and eight years of in-service training as a waiter in various restaurants.

Employment and additional income: He is employed full-time as a waiter in a local restaurant. Although a bit hesitant, he admitted that he earns roughly R4 000+, which includes tips from customers. Both he and his wife work full-time.

Household family income per year: He said, "I can't give you the exact figures, but we earn enough to make a living".

Religion: Both he and his wife are members of the Baptist church and are actively involved in church activities; however, because they both work shifts, which include Sundays, they do not attend church each Sunday.

General health during the initial interview: The participant attended the interview on the seventh day after his wife was raped (during the xenophobic crisis in South Africa). Despite his puffy eyes due to lack of sleep, he looked physically well.

Researcher's observations based on field notes: Throughout the interview, he fidgeted with his hands and frowned. At times, he became tearful and agitated, especially while voicing his anger towards the local Xhosas and the South African government. He made poor eye contact and at times clung to the arm of the chair. At one stage, although his affect was blunted, he was so restless that he stood and explained that he was having trouble sitting still because he felt so bitter. While walking around, crying, he described his fear that the rapists might come back when he is at work.

Participant 4 (Part. 4)

Age: 37

Language: Shona (from Zimbabwe)

Language of preference during the interviews: English

Marital status: He has been married for nine years.

Number of people staying with him: He stays with his wife and two of their four children in a township. The two eldest children live with his parents in Zimbabwe.

Number of children and their ages: He has four children (boys: 1 and 5; girls: 8 and 13).

Level of education: After completing secondary school (Form 1-4 in Zimbabwe), which is the equivalent of Grade 12 in South Africa, he went to university where he obtained a degree in civil engineering. Since coming to South Africa five years ago, he has never had a permanent job.

Employment and additional income: He is the only breadwinner, and he was unable to provide an exact figure.

Household family income per year: He was not able to provide an exact figure.

Religion: Both he and his wife were raised as Roman Catholics, but since arriving in South Africa, they have not attended any church.

General health during the initial interview: Physically, he looked tired, but his overall health appeared fine.

Researcher's observations based on field notes: The participant attended the initial interview on Day 8 after the rape (during the xenophobic crisis in South Africa). His wife accompanied him because since the rape, he has not wanted to leave her at home when he has to go somewhere. His general appearance was unkempt, and he made poor eye contact throughout the interview. During our conversation, he looked sad and talked in a very agitated manner about the South African government and local Xhosas. He further indicated that he had trouble expressing all his feelings at this stage but voluntarily agreed to participate in the study because he needed someone to listen to him.

Participant 5 (Part. 5)

Age: 33

Language: isiXhosa

Language of preference during the interviews: isiXhosa

Marital status: He is unmarried, but he has been in a steady relationship for the past seven years.

Number of people staying with him: He stays with his girlfriend and son in a shack in a relative's backyard in a township.

Number of children and their ages: He has a son (4), and his girlfriend is six months pregnant with their second child.

Level of education: His education level is below Standard 8 (Grade 10).

Employment and additional income: Because his girlfriend is pregnant, he is the sole provider. He has worked at a panel-beating business for the past three years. Including his overtime wages, his income is R6 450 per month.

Household family income per year: Including his overtime wages and bonus, he earns R85 400 per year.

Religion: He is a Christian but never attends church activities.

General health during the initial interview: Because he was involved in a physical fight with his partner's rapists, he had several fresh scars and bruises on his face and various scratches on both arms. His left hand, in which he had five stitches, was covered with a bandage. He appeared to be in pain.

Researcher's observations based on field notes: The participant attended the initial interview on Day 3 after his partner's rape incident. He was in pain, cried and became agitated when telling his story. He was very concerned about his partner and unborn baby's health. During the conversation, he swore while producing the document with his partner's case number. In an agitated voice, he requested that the researcher or interpreter call the detective handling the case because he wanted the perpetrators to be in jail. After receiving an explanation of the role of the researcher and interpreter, he indicated that he understood. However, he voiced his anger towards the police for not speeding up the process because, according to him, he knew more or less where the perpetrators lived.

Participant 6 (Part. 6)

Age: 25

Language: Fluent in both Afrikaans and English

Language of preference during the interviews: English

Marital status: He is unmarried but in a steady relationship with his partner for the past seven months.

Number of people staying with him: He has no fixed place of residence; sometimes he stays with his biological father and other times with his aunt or sister, her husband and their three children in a three-bedroom flat.

Number of children and their ages: He has no children.

Level of education: He has achieved a post-secondary education, but he is unemployed.

Employment and additional income: Since being unemployed, his sister has financially supported him.

Household family income per year: Not applicable.

Religion: He was raised as a Christian, but since he started to abuse drugs (marijuana and tik), he stopped attending church.

General health during the initial interview: The participant attended the interview on Day 5 after his partner's rape. Physically, he was thin and underweight.

Researcher's observations based on field notes: His general appearance was unkempt; both his eyes were red, and his pupils were dilated. He sobbed and sighed throughout the conversation. His thoughts and behaviour were inappropriate (swearing and smacking the table on his right-hand side continuously). He exhibited flight of ideas but admitted that he had used tik an hour before the interview. He displayed fine tremors of both hands, and the brown marks on his fingertips confirmed that he uses substances. Although he later entered a mental-health facility and stopped abusing drugs, he was very tearful and had trouble coping during subsequent interviews.

Participant 7 (Part. 7)

Age: 54

Language: Afrikaans

Language of preference during the interviews: English

Marital status: He has been married for the past 19 years.

Number of people staying with him: He and his wife stay alone in a four-bedroom brick house.

Number of children and their ages: He has four children, but they live on their own.

Level of education: After completing Standard 7, he started work 35 years ago as a truck driver at a beer factory. His wife is a homemaker.

Employment and additional income: After deductions, he earns R6 580 per month.

Household family income per year: R168 960 (including bonus)

Religion: Both he and his wife are Christians and are actively involved in church activities.

General health during the initial interview: He looks tired, with dark circles under both eyes. He describes his appearance as being due to a lack of sleep since the rape of his wife.

Researcher's observations based on field notes: The participant attended the initial interview on Day 9 after the rape. While telling his story, at times, he looked worried and pre-occupied with his fear of contracting HIV. During most of the conversation, he was agitated and became tearful, particularly when he spoke about the damage the rapist did to him and his wife.

Participant 8 (Part. 8)

Age: 42

Language: French (from the DRC)

Language of preference during the interviews: English

Marital status: He has been married for 15 years.

Number of people staying with him: He stays with his wife and two children.

Number of children and their ages: He has two children, a son (13) and a daughter (11).

Level of education: He has achieved a post-secondary education, and he is the manager of a guesthouse.

Employment and additional income: Both he and his wife are full-time employees. He earns R6 530 per month.

Household family income per year: R124 760

Religion: Both he and his wife were raised as Roman Catholics, and both are actively involved in church activities.

General health during the initial interview: He looked physically well.

Researcher's observations based on field notes: The participant attended the initial interview on Day 3 after the rape of his wife (during the xenophobic crisis in South Africa). During the conversation, he stared in front of him, while shaking his head. He exhibited blunted facial expressions yet expressed his anger towards the South African government for not protecting foreigners in an agitated voice.

Participant 9 (Part. 9)

Age: 41

Language: English

Language of preference during the interviews: English

Marital status: He is divorced, but he has been in a steady relationship for the past 14 months.

Number of people staying with him: He and his two daughters stay together in a three-bedroom brick house.

Number of children and their ages: He has two daughters (12 and 17).

Level of education: After completing Standard 8 (Grade 10), he had never had a permanent job until six years ago. Since then, he has been a full-time employee in the clothing industry.

Employment and additional income: R5 620 per month (including overtime)

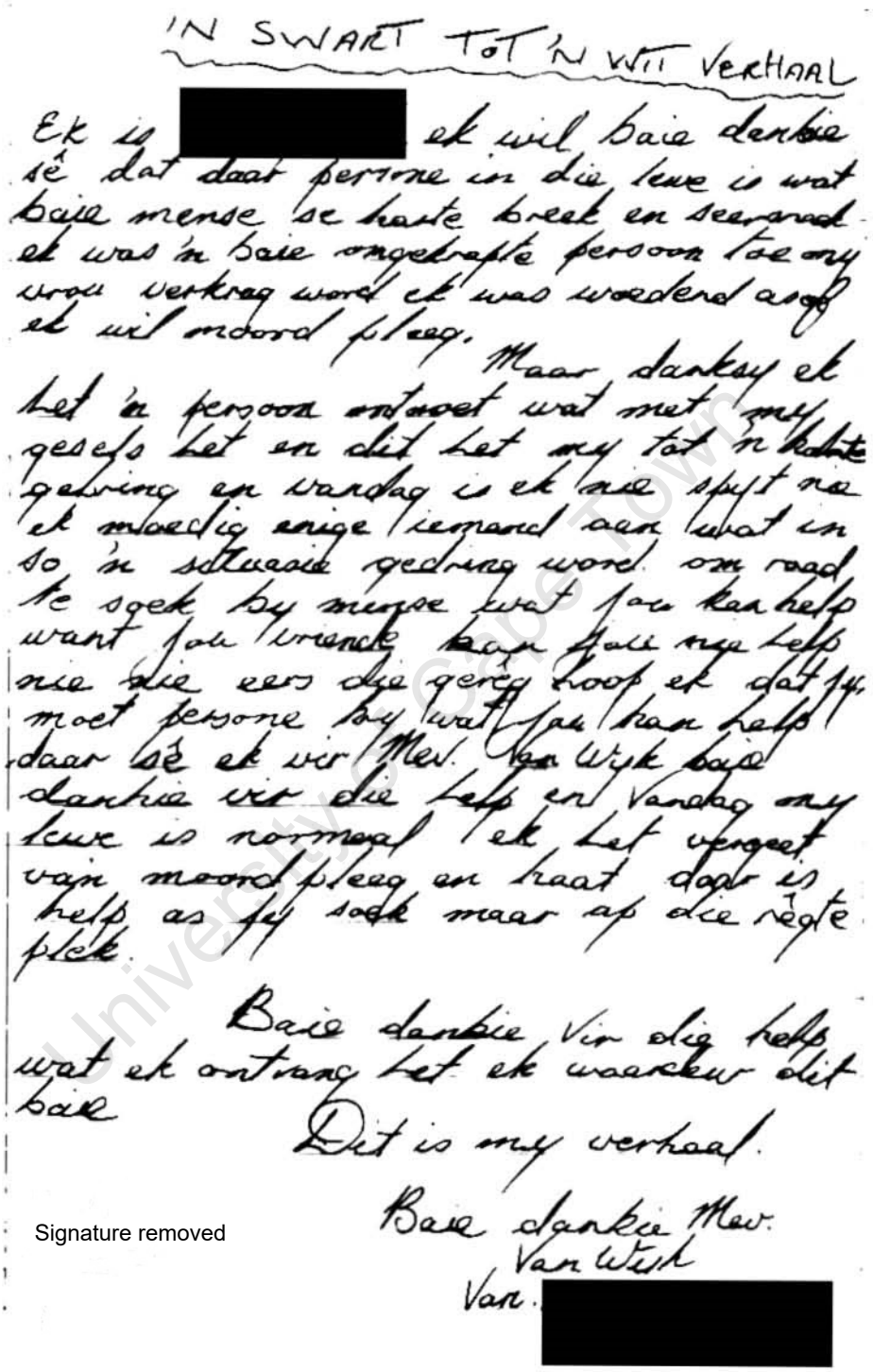
Household family income per year: R139 040 (including bonus and monthly overtime)

Religion: He was raised as a Christian, but he is currently not actively involved in church activities.

General health during the initial interview: Although he claimed that he has felt exhausted since the rape of his partner, he looked physically well.

Researcher's observations based on field notes: The participant attended the initial interview on Day 3 following the rape of his partner. At the beginning of all conversations, he appeared calm but later became very agitated and restless.

Appendix O: Letters from Participants



'N SWART TOT 'N WIT VERHAAL

Ek is [redacted] ek wil baie dankie sê dat daar persone in die lewe is wat baie mense se harte breek en seerraak ek was 'n baie ongelukkige persoon toe my vrou verkrag word ek was woedend asof ek wil moord pleeg. Maar dankzy ek het 'n persoon ontmoet wat met my gesels het en dit het my tot 'n hoë gelowing en vandag is ek nie spyt na ek moedig enige iemand aan wat in so 'n situasie gedring word om raad te soek by mense wat jou kan help want jou vriende kan jou nie help nie die een die gerg loop ek dat jy moet persone by wat jou kan help daar sê ek vir Mev. Van Wyk baie dankie vir die help en vandag my lewe is normaal ek het vergeet van moord pleeg en haat daar is help as jy soek maar op die regte plek.

Baie dankie Vir die help wat ek ontvang het ek waardeer dit baie

Dit is my verhaal.

Baie dankie Mev. Van Wyk

Van [redacted]

Signature removed

Translation of letter from Afrikaans to English

A black to a white tale

I am [redacted] I want to say thank you very much that there are people in this world who break people's hearts and hurt them, I was a very upset person when my wife was raped. I was furious as though I wanted to commit murder.

But thankfully I met a person who spoke to me and that brought me to a place of calm and today I am not sorry, I encourage anyone who has been pushed into such a situation to seek people who can help them because your friends cannot help you even the law cannot help you. I hope that you find people who can help you. There I say to Mrs van Wyk thank you for the help and today my life is normal. I have forgotten about committing murder and hate and there is help if you search but in the right places.

Thank you very much for the help that I received I really appreciate it.

That is my tale.

Thank you very much Mrs van Wyk

From [redacted]

Dear Miss Evalo Van Wyk — January 2009
Thursday

Im writting you this letter to tell you how really grateful I am that you are helping me cope with my emotions and feelings. The job you are doing is really helping many people and this project you are doing is going to be a success, because its helping me alot and I feel much better after your sessions.

If the goverment wont fund this project then our goverment is good for nothing. I would really be happy if they would let your idea of helping the victims boyfriend/girlfriend who get rape to be coping with there feelings and emotions.

Thank you agayn Miss Evalo "My gaurdian Angel" for evrything you are doing for me and I just wish success for you and your family.

Yours really Grateful

[redacted]

Appendix P: Feedback Regarding the Integrated Conceptual Framework

From: Shiralee McDonald [shiralee@rapecrisis.org.za]
Sent: Wednesday, July 14, 2010 5:58 PM
To: 'Leon van Wijk'; Joyce Doni; Kathleen Dey
Subject: RE: re feedback

Dear Evalo,

Thank you for taking Joyce and myself through the thrust of your thesis this morning. It was interesting to see on paper the similarities of the experiences that Joyce and I were relating to you that we have had with clients. The model and explanations are clear and reflect the process that we see taking place. This is important work and fits in with Rape Crisis' reason for ensuring that our counselors are skilled to support partners, families and friends. I hope it helps to inform intervention strategies at all levels as your research and our experience indicates is necessary.

Kind Regards,
Shiralee

From: rmcbooks@gmail.com [mailto:rmcbooks@gmail.com] **On Behalf Of** Rebecca Campbell
Sent: Monday, October 25, 2010 8:34 PM
To: Leon van Wijk
Subject: Re: FW: re conceptual framework for understanding the lived experiences of male intimate partners of female rape victims

Dear Evalina,

Thanks for your note and your interest in my work--and for the opportunity to review your work in progress.

I found the subject of your study to be absolutely fascinating--a real contribution to the literature!

It is always difficult to evaluate a coding/conceptual framework without the data themselves, but based on what you have provided, I would say that your framework appears to be sufficiently complex and nuanced to capture the phenomenon of interest. I particularly like that the impact of the partner's sexual assault was conceptualized a multiple levels of analysis to capture both relationship changes and changes/difficulties within the partners themselves.

It was not completely clear to be how community supports and services figure in as they are such strong influences on survivors' well-being, and by extension, maybe their partners too, so that may be worth more reflection and analysis.

I hope this feedback is useful to you.

Best wishes,
Rebecca Campbell

From: Leana Uys [UYS@ukzn.ac.za]
Sent: Tuesday, October 26, 2010 8:18 AM
To: Leon van Wijk
Subject: RE: FW: re conceptual framework for understanding the lived experiences of male intimate partners of female rape victims

Dear Leon
Thanks for involving me in this way. It is always intersting to read other people's work.

It seems quite clear to me, but I have a few comments and questions:
1. In the figure, the female partner is there, but also not there. I can understand that you do not have her here since she is not the focus of the study. Should she not be left out altogether from the figure?
2. There is very little about the interaction with the law enforcement agencies and professionals. Did this not come up in the interviews, or is it in the circular figure under "professionals"? Was there no specific problems in these relationships or interactions?
3. IN the figure you have three sub-themes under Crisis and Disorientation. I wonder whether they would not be better named as Change in relationship with self, change in relationship with partner, and change in relationship with others. It captures the meaning in one title, instead of having to have two with an arrow (as you have it in two of the categories).

But please ignore all these if you feel happier with what you have. It is not unclear.
Sincerely
Leana

From: Watson, Jean [mailto:Jean.Watson@ucdenver.edu]
Sent: Monday, October 25, 2010 5:20 PM
To: Leon van Wijk
Cc: Jim D'Alfonso; Lynne Wagner; Anne.Foss-Durant@kp.org; Randy L Williams (rlwillia@wfubmc.edu); Mary Lane; 'Marlienne Goldin'; Marialena Murphy; Anne Foss-Durant (home) (afossdurant@aol.com); Gayle Casterline (home); 'Terri Woodward'; Hays, Laura Jean; 'Lois Kelley'
Subject: RE: conceptual framework based on the participants narratives.

Leon, thanks for your interest and fascinating request for feedback re: your very significant and sensitive research and findings. I am passing on your request to a network of faculty associates with whom I work and see if they can provide diverse validation considerations to assist with your research finding. My best wishes, Jean
Faculty loves ,thanks for replying to this. I will forward the framework under separate email so you can review and get back to Evalina in South Africa.
All the best, to all. J

From: Lois s Kelley [lskelley@comcast.net]
Sent: Thursday, October 28, 2010 6:20 PM
To: Leon van Wijk; 'Watson, Jean'; 'Randy L Williams'; 'Mary Lane'; 'Marlienne Goldin'
Cc: 'Jim D'Alfonso'; 'Lynne Wagner'; 'Anne Foss-Durant (home)'; Anne.Foss-Durant@kp.org; 'Gayle Casterline (home)'; 'Terri Woodward'; 'Hays, Laura Jean'; covane@uncw.edu; 'Rebecca Campbell'; 'Remer, Rory'
Subject: Re: conceptual framework based on the participants narratives.

I personally liked the living in multiple worlds metaphor because it has a transpersonal quality which I believe takes the "findings/conceptual framework" somewhere beyond victimization. That possibility is what excites me...but it may have nothing to do with your current research--maybe future research? Hope this is helpful. Thank you for your scholarly pursuits and your willingness to share your journey with us. Lois Kelley, D.Ed

From: Linda Ryan [lryan310@comcast.net]
Sent: Wednesday, October 27, 2010 6:20 PM
To: didier@telkomsa.net
Cc: Jim D'Alfonso; Lois Kelley; Gayle Casterline; Lynne Wagner
Subject: Re: conceptual framework based on the participants narratives.

Dear Evan,

Wonderful study you are doing with this vulnerable population. So many times the only scholarly information that is available about a phenomenon is written from the point of view of the professionals. It is so illuminating to explore and articulate the life experience from those who have lived it. Your conceptual framework is quite interesting and explicitly displays the themes and patterns of the lived experience that you garnered from the narratives of your research participants. I have the following two comments regarding your study:
1) The part that is unclear to me is in regards to integration and resolution and how this flows to "accepting/not accepting rape of partner", "not ready for closure" and "intimate partners' needs for professional support." If one is not accepting the rape of partner, not ready for closure, and/or needs further professional support, then how are they at the point of integration and resolution? Or are they *seeking* integration and resolution at this point, rather than attaining it?
2) Regarding the question/suggestion posed to you to include justice system and health care professionals in your framework, I feel you would be compelled to do that only if this information directly relates to answering your research question of what was it liked to be a male intimate partner of a female rape victim within the first six months following the rape of their partners, and only if your participant narratives speak to the justice system and health care professionals as being part of their lived experience.

I hope my comments are of help to you. Best wishes for your academic journey.

Linda Ryan PhD, RN
Director of Introduction to Human Caring Program & Faculty Associate
Watson Caring Science Institute, USA
630-797-1676

From: Gayle Casterline [mailto:casterlineg@queens.edu]
Sent: Friday, October 29, 2010 11:17 PM
To: didier@telkomsa.net
Subject: FW: conceptual framework based on the participants narratives.

Mr. van WIlk, I am very impressed with the topic of your research and the conceptual framework you are developing. Of course, it is difficult to critique only part of the work – I am sure the interview data has been rich with feeling and important for future understanding of the experience and promoting quality of life for both the woman and her partner. I am assuming, as Dr. Kelly wrote you, that you are trying to develop a framework that synthesizes the narrative data and represents your qualitative findings.

I do not know the time period between the interview and the rape – and I find myself looking at the chart and wondering how long it took the partner to move from shock to integration and resolution, or if each partner actually did finally resolve feelings.

The terms being-in-the-world are clear, and the focus on relationships suggests Watson's ontology. I am not clear about the last column: secondary victimization and living in multiple worlds. Your arrow goes back to the top and to pre-trauma level of functioning. Does the partner perceive different worlds now that he has had this experience? I would suggest that one would not be expected to return to the pre-trauma level of functioning, but professional guidance and integration might facilitate an enhanced relationship and a new level of caring intimacy with the partner and awareness of oneself in the world with sufficient time. You work has inspired me and I am sure will inspire others. Blessings and peace,

From: Gayle Casterline [mailto:casterlineg@queens.edu]
Sent: Sunday, October 31, 2010 1:40 AM
To: Leon van Wijk
Subject: RE: conceptual framework based on the participants narratives.

Dear Evalina, yes, I definitely like the idea of searching for resolution and integration – as the partner is becoming a new person within the context of the lived experience of the rape. Within this new and higher consciousness, the partner is experiencing new relationships – with the woman, with himself, and with others... This may take much longer than 6 months. The essence of the experience is that he is living-in-the-world differently now than before. Hopefully, and with time and support, they will both enjoy a higher level of consciousness and a deeper relationship. My thought is that neither the partner nor the woman will return to the pre-trauma level, even if they are "back on their feet again". This experience has given them new perspectives, new strengths, new fears, new attitudes.... What do you think? What an honor it is to communicate with a scholar from South Africa! I hope that we can meet someday! Blessings and joy to you.

Gayle L. Casterline, PhD, RN, CNE

Associate Professor

Presbyterian School of Nursing

Queens University of Charlotte

1900 Selwyn Ave.

Charlotte, NC 28274

casterlineg@queens.edu

704-688-2862, 704-688-7530 (fax)

From: Lynne Wagner [mailto:lynnewagner@comcast.net]
Sent: Saturday, October 30, 2010 4:10 PM
To: 'Leon van Wijk'; 'Watson, Jean'; 'Randy L Williams'; 'Mary Lane'; 'Marlienne Goldin'
Cc: 'Jim D'Alfonso'; 'Lois Kelley'; 'Anne Foss-Durant (home)'; Anne.Foss-Durant@kp.org; 'Gayle Casterline (home)'; 'Terri Woodward'; 'Hays, Laura Jean'
Subject: RE: conceptual framework based on the participants narratives.

Dear Evanlina,
Many thanks for sharing your research and your photo with us. It is wonderful to "meet" you through such communications and to know that the passion we all share for nursing, caring for humanity, and furthering our understanding of our caring knows no boundaries. If you wish to know more about all of us at the Watson Caring Science Institute, you can visit on line at http://www.watsoncaringscience.org/cfwebstorefb/index.cfm?fuseaction=category.display&category_ID=3 and scroll to the bottom of the page for Faculty Profiles.

I have been thinking of your study, rich in detail and teaching moments, and your model that has emerged as I have followed the dialogue among our colleagues. It has struck me today under your "Reorganization at Personal and Professional Level" that perhaps a missing piece is honoring that when a person experiences such life-changing/life altering events, such as rape or severe illness, that person and often the persons intimately associated are never the same again…….They may hope for return to "normal routine," but they are forever changed and their new awareness, consciousness, and intentions often change their view of self, other, and the world, and thus their relationship to self, other and world. If healing progresses they reach a "new normal." Perhaps "the not ready for closure" is an unresolved attempt to find that "new normal," that new heightened awareness of self, other and world. It is not always just the acceptance of what happened, but understanding how the traumatic incidence (illness, rape, etc) has changed them and accepting the "growing into the new norm." Perhaps the "not ready for closure" is a lived experience of "Living between old world view and new world view" of self, their partner, and the larger world. The Professional support can help the person

I am also a qualitative researcher and I often use an aesthetic interpretive approach in finding deep meaning in the participants profound stories that emerge. Before the more logical process of seeking themes and in some ways breaking apart the stories, I sit with my data, reading/reflecting deeply on each story, and write poetry or take photographs that capture my interpretation of the essence of each story's wholeness through my heart-centered awareness. This aesthetic process gets "inside" the story, honors a deeper sense of the fullness of the experience and thus a deeper meaning that enlarges our understanding of why this research touches our humanity and expands our understanding of authentic, intentional caring. Themes emerge naturally, but I continue to hold the sacred wholeness like a gem. We perhaps can discuss this process further if you have an interest.

I hope these thoughts are helpful in your preparation. I wish you caring light and peace as you prepare to take your exams next week.
Lynne Wagner

A. Lynne Wagner, EdD, RN, MSN
Watson Caring Science Institute
Faculty Associate
Director of Caritas Coach Education Program

From: Remer, Rory [mailto:rremer@email.uky.edu]
Sent: Saturday, October 23, 2010 8:19 PM
To: Leon van Wijk
Subject: RE: re conceptual framework for understanding the lived experiences of male intimate partners (impact on them) within the first six months followinf the rape

Evalina

I looked at the file you sent with the figure. It looks clear and understandable as a figure. I'm sure the text helps fill in some of the details you couldn't get into a figure, perhaps by giving specific examples or quotes.

Your structure reminds me of CQR (Consensual Qualitative Research). I don't know if you intended it that way or not. In any case you seem to have done a good piece of work. I wish you well in your endeavor, and future ones.

Rory Remer, PhD, ABPP, TEP

Professor

Director of Graduate Studies

Educational, School, and Counseling Psychology

RRemer@uky.edu

http://www.uky.edu/~rremer/roryhomepage1.html

859-257-7877 (Office)

859-257-5662 (FAX)

Appendix Q: Amendment Letter from Research Ethics Committee to Include an IsiXhosa-Speaking Interpreter

UNIVERSITY OF CAPE TOWN

Article I. Health Sciences Faculty
Article II. Research Ethics Committee
(i) Room E52-24 Groote Schuur Hospital Old Main Building
Observatory 7925
Telephone [021] 406 6338 • Facsimile [021] 406 6411
e-mail: nosi.tywabi@uct.ac.za

11 July 2008

REC REF: 476/2007

Mrs E van Wijk
14 Ullswater Street
Pinelands
7405

Dear Mrs van Wijk

PROJECT TITLE: THE IMPACT OF SEXUAL ASSAULT ON INTIMATE PARTNERS OF FEMALE RAPE VICTIMS WITHIN THE FIRST SIX MONTHS FOLLOWING THE SEXUAL ASSAULT.

Thank you for your letter to the Research Ethics Committee dated 04th July 2008.

It is a pleasure to inform you that the Ethics Committee has **approved** Amendment to include a Xhosa-speaking interpreter in the above mentioned study.

Xhosa translations (A to E) of the information documents and consent form are **noted and filed.**

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the REC. REF in all your correspondence.

Yours sincerely

Signature removed

PROFESSOR M BLOCKMAN
CHAIRPERSON, HSF HUMAN ETHICS

lemjedi

Appendix R: Letter from UCT to Extend Word Limit

From: Janine Isaacs [mailto:janine.isaacs@uct.ac.za]
Sent: Tuesday, April 13, 2010 5:31 PM
To: didier@telkomsa.net
Cc: Adri Winckler
Subject: Re: Evalina van Wijk - extended word count.pdf

Dear Ms van Wijk

Please be advised that the Chair of the Doctoral Degrees Board, Professor Visser has approved your request to submit a lengthened PhD thesis.

Regards

MRS JANINE ISAACS
Doctoral Degrees Board Officer
UNIVERSITY OF CAPE TOWN
Kramer Law Building, Middle Campus,
Private Bag X3, Rondebosch, Cape Town
SOUTH AFRICA, 7701
+27-21 650-2202 | +27-21 650-4913
Email: janine.isaacs@uct.ac.za

>>>

From: Adri Winckler
To: Janine Isaacs
Date: 4/8/2010 2:15 PM
Subject: Evalina van Wijk - extended word count.pdf

Dear Janine

Please find attached approval for Ms Evalina van Wijk to submit a PhD which exceeds the 80 000 word limit.

Regards
Adri

Adri Winckler (Mrs)
Manager: Postgraduate Administration
Room N2.19,
Wernher & Beit Building North
Health Sciences Campus
Anzio Road, Observatory, 7925
Tel: +27 21 406 6327
Personal Fax: +27 (0)866106499
Office Fax: +27 21 406 6584